Clinical Lecture

ON A CASE OF

FRACTURED BASE OF THE SKULL;

WITH RUPTURE OF A BRANCH OF THE SPINOUS ARTERY, AND PRESSURE ON THE BRAIN.

BY JOHN ADAMS, ESQ., F.R.C.S.,

SURGEON TO THE LONDON HOSPITAL.

ARTHUR P——, aged thirty-two, bill-sticker, was admitted into the hospital on the evening of Dec. 26th, apparently in a state of intoxication. He was unconscious, but resisted with both arms efforts to take off his clothes. It was said that he had been drinking, and had received a blow from a man's fist, that he had fallen upon the pavement, striking the back of his head. There was a slight laceration behind the left ear, and bleeding had taken place from the ear of that side, but this had stopped at the time of his admission. No paralysis was observed. He vomited soon after admission; he had also a very free action of the bowels, the motion being passed in the bed. Ice was applied to his head, the head having been shaved.

During the whole of the 27th he remained in the same state, taking liquid nourishment readily. He continued unconscious, but roused himself occasionally, so as to yawn and turn over to the left side. He could feel well in the left extremities, and move them well; but on the right side sensation seemed imperfect, and there was decided want of power in the right arm, with some loss of power in the right leg. When his moustache on the right lip was pulled, he frowned on the left side of his forehead, and put up his left hand to remove the source of the annoyance. He kept his eyes closed. The pupils were of equal size and small, and he lay with his back to the light. When the soles of his feet were tickled, he moved the left foot well, the right but slowly and only after a time. The pulse was slow and regular, the breathing regular and without noise; temperature in axilla 99·6°.

On the 28th he was much the same. There was no discharge or bleeding from the left ear. An ounce and a half of house medicine were administered; and on the following day, the bowels not having responded to that aperient, he was ordered a drop of croton oil with a grain of calomel.

On the 30th, the bowels not having acted, the croton oil and calomel were repeated early in the morning. He seemed weaker, and lay on his back motionless. The right pupil was slightly dilated. Paralysis on the right side was still more marked, but there was some sensation in the arm of that side. At midday, the bowels being still unrelieved, he was ordered five grains of calomel with one drop of croton oil, and a turpentine enema; also a blister was applied to the nape of the neck.

On the 31st the paralysis was still increasing on the right side; pulse 108; breathing natural. The bowels had been freely moved.

On Jan. 1st paralysis of the right side was complete; the pulse 122; breathing becoming stertorous. There was some ecchymosis about the lids of the left eye. The patient died early on the morning of the 2nd.

At the post-mortem examination, on reflecting the scalp, there was found an effusion of blood into the substance of the left temporal muscle. On dissecting this muscle off the skull, a fracture was observed through the squamous portion of the temporal bone. There was no depression. The skull-cap was now sawn round in the usual situation, and a brain-knife passed in so as to make a horizontal section of the brain. A large clot was now found between the skull and dura mater, about three inches in length from before backwards, and about three-quarters of an inch in thickness, extending from the base of the skull over the side of the left hemisphere, and back to the cerebellum. There was considerable ecchymosis on the surface of the right hemisphere. On removing the brain there was found to be a fracture, commencing in the body of the sphenoid bone, extending forwards into the foramen lacerum basis cranii anterius, and, laterally, along the superior surface of the petrous portion of the temporal bone into the squamous portion of that bone, as already stated. There was no splintering of the inner table at any part.

I attach unusual interest to this case for various reasons: first, because the result of our treatment was unfortunate; secondly, because a more energetic treatment might possibly have been attended with a more favourable result; thirdly, because the case illustrates a form of pressure on the brain of no very uncommon occurrence, and which may generally be diagnosed with tolerable accuracy.

I can have, gentlemen, but very few opportunities of again addressing you as one of the surgeons of this hospital, as my term of office expires next month. But I shall say nothing on that point except this: that in my clinical teaching, imperfect as it has been, I have endeavoured to direct the attention of my pupils to cases where the treatment has been unfavourable as well as to those wearing a more favourable aspect. I may fairly ask, Could anything more have been done for this patient than was done? I am inclined to answer in the affirmative; and I will point out to you my reasons for this opinion as we proceed.

When I saw the patient on Dec. 28th he was in a state of partial insensibility, having received a blow on the head which felled him to the ground, and having fallen, as I was told, on the *back of his head*. There had been slight bleeding from his left ear. He lay with his left hand behind his head, and seemed in a state of comparative ease, with other symptoms already described. The house-surgeon, Mr. Rutledge, reported the case to me as one of *suspected fracture of the base of the skull*.

The only signs of fractured base were partial insensibility and hæmorrhage from the ear, which, separately or collectively, cannot be accepted as genuine and positive signs of fractured base; for the first is a symptom of concussion of the brain, and the latter has been often found where there was no reason to suspect so serious an injury as fractured base, and it may be attributed to a simple rupture of the membrana tympani. In this case, however, the base of the skull was fractured, and the bleeding arose evidently from this, as the fracture extended across the base of the petrous bone. I may tell you that the only unmistakable signs of fractured base are, the escape of brain-substance from the ear, and the escape of cerebro-spinal fluid, this latter occurring a few days after the accident.

In forming an opinion on this case, the hæmorrhage from the ear was not overlooked, and great importance was attached to it; especially as it was accompanied with insensibility, which was increasing, though slowly, and especially as some ecchymosis became evident beneath the left lower eyelid. These symptoms therefore favoured the idea of fractured base: to this I shall presently revert. I wish, however, to direct your attention to the increasing insensibility, and especially to the increase of the paralysis, of the right upper and lower extremities. The latter symptom is most important, as indicative of pressure from increasing hæmorrhage on the brain. I confess I was under the impression that bleeding was taking place on the dura mater, and I was anxious to trephine the skull. You may ask, Where would you trephine in such a case? To this there is but one answer—namely, trephine on the side of the skull opposite the paralysis; for you may be quite sure that *there* will be found the mischief to the brain. And I do not hesitate to tell you that the skull should have been trephined in the left temporal fossa, because the spinous artery, the probable source of the mischief, runs in that direction. I did not trephine, for two reasons—first, because there were signs of fractured base, and no swelling or depression could be felt in any part of the calvaria; and next because, from the general concurrence of opinions, it was thought that no good could result from the operation. But I ought to have trephined nevertheless, even on speculation, relying on that important symptom, the gradual supervention of paralysis on the side opposite the seat of injury. There are cases on record of trephining on speculation, and with success. In this case success, *quoad* the operation, would have been complete.

I don't mean to say that of necessity the case would have been cured, because the base was fractured and the brain much contused on the opposite side; still it was the only chance of doing the patient any good, as it would have afforded an outlet for the effused blood, and thus have given to the brain an opportunity to recover from its other injuries.

We often attach importance to a fracture of the base of the skull greater than it deserves. No doubt it is a lesion of great severity, as indicative of enormous violence, and as a necessary cause of great cerebral mischief—sometimes of rupture of the brain-substance, and always of more or less damage to the cerebral nerves near their roots. I have no doubt that in most cases where the spinous artery is involved the fracture of the squamous portion of the temporal bone is an extension of a fracture commencing at the base, and traversing the groove in which the spinous artery runs.

I beg you to examine the specimen placed before you, and to observe the large size of the blood-clot situated between the skull and the dura mater. You know that this blood came from a rupture of the spinous or middle meningeal artery, a bloodvessel not so big as a crow-quill. Let me show you how strictly the dura mater adheres to the internal table of the cranial bones—see what force it requires to tear it from the bone; and yet the effused blood has ruptured the natural adhesions, and has forced its way for a considerable distance between the bone and the dura mater.

This phenomenon illustrates first the great power of the heart; and next it illustrates that well-known physical law "that in a given quantity of fluid submitted to compression the whole mass is equally affected, and similarly in all directions." I dare say you are all well acquainted with that useful machine called Bramah's press. It always strikes me that the action of the heart may be compared to a forcing pump, which, through the slender column of blood contained in the middle meningeal artery communicating with the effused blood on the surface of the dura mater, exerts its influence in all directions, and thus is capable of detaching this membrane from the bones to an almost indefinite extent.

We cannot tell exactly what the power of the heart is, but we know that it is very great indeed. You have only to place the surface of your hand over an aneurismal sac, and you will immediately be made to feel the enormous power of this organ. It thus happens that the effused blood makes a palpable indentation on the surface of the brain, causing those symptoms to which we have so often referred, and which cannot be relieved except by making an opening in the skull to give exit to it. When you have an opportunity, and this opportunity must occur whilst you are studying at this hospital, let me advise you to look at the surface of the dura mater as it is seen at the bottom of the opening made by the trephine, where no effusion of blood has occurred, and you will see the brain heaved up synchronously with the contraction of the heart; this heaving movement it gets from the blood forced by the heart into the arterial circle at the base, and which heaving motion is essential to the function of this important organ. When pressure exists on the surface of the brain, all this ceases, and the functions of the brain are almost annihilated, and after a shorter or longer period death takes place.

FURTHER CONTRIBUTIONS TO THE PATHOLOGY AND TREATMENT OF ANEURISMAL TUMOURS OF THE NECK AND CHEST.*

BY JOHN COCKLE, M.A., M.D.,
PHYSICIAN TO THE ROYAL FREE HOSPITAL.

IF we examine the hollow of the neck in a sufficiently large number of individuals of both sexes, we shall occasionally find, especially among women, instances where the innominate artery is readily seen, and felt pulsating along the lower and tracheal border of the right sterno-mastoid muscle, and traceable below the sterno-clavicular articulation. This peculiarity of the artery depends either upon its being longer than ordinary, or upon the sternum being shorter, with flattening of the upper portion of the chest, or even upon the aortic arch reaching somewhat higher. The artery may gradually become the seat of circumscribed dilatation, constituting the "cylindroid aneurism" of Breschet, now more commonly designated simply "arterial dilatation." Its more common occurrence in females may probably result from the greater delicacy of their structure, and their greater liability to vascular excitement. This dilatation has been wellnigh mistaken for ordinary aneurism by men so experienced in the pathology of aneurismal disease as Dubreuil* and Broca;† and Dr. Hayden, of Dublin, has recently published a case in which so marked a state of erethism of this artery existed as to simulate for a time aneurismal impulse; nay, more than this, operations have even been performed under such a supposition. I am by no means sure that the second case detailed by a distinguished authority, the late Dr. Wardrop, in his work "On Aneurism," was not one of this description; one recorded by Porta,‡ of Milan, most assuredly was, for death followed forty hours after the operation, and post-mortem examination revealed simple dilatation of the innominate artery and its terminal divisions. In another case, mentioned by Hope,§ the operation of tying the carotid was recommended; but, on post-mortem examination, it was found to be one of simple dilatation of the aorta and innominate artery. These examples may suffice to show the importance of a sound discrimination of this class of cases. So far as I have observed, they will be found generally associated with a greater or less degree of dilatation of the ascending aorta and its arch. Some amount of dulness over the course of the vessel is occasionally met with, and always a double murmur of greater or less intensity along the vessel, and most marked above the aortic valves. Collapse of the vessels is sometimes seen (not from incompetence of the valves, though eventually, from the progress of disease, secondary insufficiency may occur), but it results from the loss of resiliency of the aorta, and the regurgitation of blood in the vessels springing from the arch to obviate the tendency to vacuum. This dilatation and loss of elasticity of the aorta, without any necessary valvular incompetence, may be at times attended with severe and even dangerous symptoms. This latter point is briefly referred to as worthy our serious consideration, and not as possessing any degree of novelty. It is a condition with which the cardiac pathologists of the last century were familiar, and in our own time has been specially referred to by Dubreuil and the late Dr. Bellingham, of Dublin.‖

From time to time a few cases of this form of disease have been published by me, and quite lately another case has come under my notice, which I shall briefly relate.

Mary P——, aged forty-eight, married, and mother of a large family, was admitted under my care at the Royal Free Hospital, on September 29th, 1868. With the exception of occasional attacks resembling those of rheumatic gout (to which complaint she inherits a disposition), she had tolerably good health up to the period of the complaint she now suffers from. The only commemoratives of importance are the sudden death of both mother and grandfather from disease of the heart. About six or seven years ago she first felt a sensation of throbbing in the hollow of the throat, and shortly after a swelling arose, which has remained up to the present time without any very decided increase.

A pulsating tumour now occupies the episternal hollow, and is traceable downwards behind the right sterno-clavicular articulation; it also ascends the neck in a slightly oblique direction behind the inner head of the right sterno-mastoid muscle, the tendon of which bisects the tumour, giving somewhat the appearance of a double sac, the outer portion of which extends to the clavicular attachment of the muscle. During arterial diastole the tumour (about the size of a pullet's egg) is circumscribed, prominent, tense, with very expansive and liquid impulse, but without any marked fremitus; during arterial systole there is perfect collapse. A double murmur, of soft character, is audible over the tumour, but of greatest intensity under the sterno-clavicular

* Read before the Medical Society of London, March 1st, 1869.

* Anomalies Arterielles, p. 48. † Des Anévrysmes, p. 87.
‡ Delle Alterazioni Pathologiche delle Arterie, p. 35. Milano, 1845.
§ Diseases of the Heart, p. 440.
‖ Diseases of the Heart, part ii., p. 573.

junction; it occasionally ascends faintly the vessels of the neck. Below the maximum site, the double murmur is audible down the aorta, at the apex of the heart, and in the left axillary region. The apex of the heart, however, is not lowered, nor apparently does any marked hypertrophy of the left chamber exist. No great amount of collapse of the vessels is observed. The superficial mammary veins clearly are more prominent upon the left superior portion of the chest. The right is invariably stronger than the left radial pulse; pressure either upon the right carotid or subclavian arteries has no effect upon the tumour. The right pupil is, for the most part, considerably larger than the left, but occasionally both are of equal size.

The symptoms complained of are somewhat variable, but in the main unchanged: sense of weight and throbbing in the hollow of the throat; frequent pain at the upper part of the chest, and in the right shoulder; transient giddiness and dimness of vision; hoarse, barking cough whenever cold is taken; and some embarrassment of breathing, especially upon exertion, or ascending stairs.

Prognosis.—My experience does not enable me to state with the necessary precision what may be the eventual destiny of such cases of arterial dilatation. I can only say that I have watched one or two for years without perceiving them to undergo any great amount of change; and in this particular their history signally differs from that of ordinary aneurism. Still it is not unreasonable to suppose that under such dilatation the arterial coats may gradually undergo such transitional changes as eventually to lead to the more ordinary form of mixed aneurism; and such contingency may justify a few remarks upon the differential diagnosis of aneurisms occupying the root of the neck, in their earliest phase.

Assuming for the moment the integrity of the aorta,—should an aneurismal tumour involve the distal end of the innominate artery, generally speaking, it first emerges from behind the right sterno-clavicular articulation (which it may displace), distends the episternal hollow, and passes behind the sternal portion of the sterno-cleido-mastoid muscle; and from these points it may ascend the neck, to spread in various directions. Moderate percussion dulness will be found corresponding to the articulation; and here a shock or murmur, single or double, is ordinarily heard, of maximum intensity, which may ascend the terminal vessels if pervious, but weakening below, and altogether diffused and lost about the arch of the aorta. The condition of the carotid and radial pulse is, at times, greatly modified, being either much weakened or quite suppressed in one or other vessel; but this of course must quite depend upon the amount and position of the clot within the sac, and upon the extent of pressure exercised by the latter upon the terminal branches. Severe neuralgic pain of the right side of the head, neck, and arm, is almost invariably present, and a marked amount of venous turgescence and œdema.

Oppolzer, in his lectures recently edited by Stradella,* attaches very great importance to a retardation of the carotid and radial pulses upon the right, as compared with those of the left side; and to a distension of the left jugular veins, and those of the arm, as very characteristic of innominate aneurism. The signs referred to by this distinguished physician would be of the utmost value, provided we could eliminate aortic complication—a not unfrequent cause of the phenomena; but since the lower portion of the innominate artery is included in his description, and as under such circumstances an accurate diagnosis is impossible, I hesitate to admit their value. Nor do I think the differential point indicated by Gendrin—viz., a double concussion-sound in innominate, and a single concussion-sound in carotid or subclavian aneurism, reliable; a sac upon any large artery, permeable, and partly filled with fluid blood, may engender double concussion-sound.

The ordinary situation of aneurism of the distal end of the artery has been alone referred to; but it is true that some exceptional cases have occurred in which a pulsating tumour first appeared near the acromial end of the clavicle. But here the disease commenced at the cardiac end of the vessel, was generally loculated, and involved the aortic arch to a greater or less extent.

Carotid aneurism perhaps most frequently occurs near the point of bifurcation of the artery, and here of course no difficulty occurs in diagnosis; but there are several recorded cases in which the origin of the vessel was the part engaged, and now embarrassment begins. In such a case, however, the sac generally ascends the neck and side of the trachea in the direction of the current, so that its long diameter is vertical. I can find no instance in which carotid aneurism distended the episternal hollow, and, unless I am in error, this fact would constitute a capital point in diagnosis. The state of the circulation, again, would now furnish evidence of the highest value. If the carotid pulse, at a higher point than the tumour, were weakened or suppressed, with a more or less disturbed state of the cerebral functions, while the right radial pulse remained unchanged, such signs would afford presumptive proof of the malady in question. We must not, however, lose sight of the possibility of the radial pulse being modified, even in this form of carotid aneurism, from direct pressure of the sac upon the subclavian artery.

Aneurism of the subclavian artery outside the scaleni, in its early stage, could hardly be confounded with any other form of external aneurism. The position of the sac, its shape, its long diameter transverse, the state of the radial pulse, the pain and œdema of the arm, would be distinctive. In a later stage the sac might even wear itself into the chest, and become imbedded in the upper portion of the lung, but would hardly cross to the tracheal border. Subclavian aneurism limited to the intra-scalenal portion of the artery, if it ever occur, must be of extraordinary rarity; and, as it might pass through the scaleni, ascend the neck, or pass into the chest, and affect the circulation both of the carotid and innominate arteries, would be impossible to reach by diagnosis. With regard to the value of the sphygmograph in this class of aneurisms, I would defer to the opinion of Dr. Anstie, who, as is well known, is a master in the use of this instrument. He has been good enough to examine all my cases, and will state how far its use may subserve the purposes of diagnosis.

It is, however, of very little practical importance, so far as the available resources of art are concerned, whether an aneurism involve the upper portion of the innominate, root of the carotid, or subclavian arteries; but it is of importance in a prognostic point of view, inasmuch as an aneurism limited to the root of the carotid is much more likely to be benefited by these resources.

In all such aneurisms, both medical and surgical measures essentially aim at lessening the impetus of the blood-wave passing through the diseased structure, either by slackening the general circulation by some modification of Valsalva's method, or, by an agency acting between the sac and the capillaries, and this with or without a solution of continuity of the parts—pressure or ligature.

I do not dwell upon the process of malaxation of Sir W. Fergusson, or upon the reputed efficacy of certain drugs, as iodide of potash: of the first I have no experience to offer; of the second I can say that its alleged power has yet to be more satisfactorily demonstrated.

In Brasdor's method of treating these aneurisms, there is nothing theoretically wanting to prevent success; but practically it is most hazardous at times to carry the knife where the method is to be adopted in all its purity; and almost equally hazardous, in Wardrop's modification, to leave open vessels so near the sac. Still, we must bear in mind that these operations are never matters of choice, but imposed on us by the necessities of the case.

But of *three* conditions we have to consider, and which must be satisfied before any aneurism can undergo a process of cure, this slackening of the current, however effected, is the only one over which we have any immediate medical or surgical control. How important is our power in this particular may be best estimated by studying the natural process of repair. It is the incontestable merit of the late Mr. Hodgson that he was among the very first to recognise the importance of this means. His work ought still to be our text-book, for it is the most practical up to the present day, inclusive. Very few amendments, in a pathological sense, would be required, and these of minor importance, such as the nature of cysto-genetic aneurism, and the inculcation of the almost absolute necessity for the formation of a pure fibrinous coagulum. Although we have since learnt that an ordinary coagulum (the passive clot of Broca) may undergo stratification,* still it is clear that such a process is often an unmitigated evil. The clot may, and often does, redissolve, and débris pass into the general circulation—at

* Vorlesungen. Erster Band, S. 309. 1868.

* Richet: "Nouveau Dict. de Méd. et de Chirg.," p. 290 (Paris, 1866).

the least losing all value as a hæmostatic barrier; or it may, if large, act as a direct irritant, and induce both inflammation and suppuration within the sac.

The second condition demands that the blood should possess a given constitution; and this, if originally defective (so far as we at present know), either chemically or clinically, can be but very imperfectly corrected. This aplastic quality of the blood, if we investigate the cause of death in many cases, will be found to have been, apparently, the sole impediment to cure.

The third requirement consists in a certain physical peculiarity and arrangement, so far as relates to the state of the orifice of the sac and the condition of its inner walls. If the mouth of the sac be wide, as in the crateriform aneurism, and the walls comparatively smooth, the formation of coagulum is much impeded; but if the neck be narrow, and the walls roughened by calcareous or atheromatous deposit, it constitutes a veritable straining chamber; and then, the other conditions being present, the plasmine divides, allowing fibrin to settle, molecule by molecule, with that singular mode of adhesion and formation of laminæ—the most internal hyaline, the external still fibrillary—so well investigated and described by Robin in his "Lectures on the Normal and Morbid Fluids of the Body" (p. 161).

(To be concluded.)

AN EXPLANATION OF THE CAUSE OF SCURVY AND THE ACTION OF THE DIFFERENT SO-CALLED ANTISCORBUTICS;

WITH SUGGESTIONS AS TO THE BEST MEANS OF PREVENTING THE DISORDER.

BY ARCHER FARR, L.R.C.P. EDIN., &c.

THERE have been many speculations with regard to the cause of scurvy: one authority affirming that it is owing to the absence of vegetables in the food taken; another maintaining that a deficiency of the salts of potash is the cause; while a third gives it as his opinion that it results from bad ventilation, deficient water-supply, wet seats, &c.,—all of which fail to explain the real cause of the disease. That scurvy is not owing to a deficiency of the salts of potash in the food of the sailor, and that salt meat contains all the elements necessary for nutrition, have been proved beyond doubt; while that the belief that fresh succulent vegetables or lime-juice are indispensably necessary to the cure of the disorder is an error, is proved by the fact that beef-tea and milk will effect a cure in the absence of both. If salt meat contains all the elements required for nutrition, how does it produce scurvy? Purely by its hard and indigestible nature as food, and its inability, from its resistance to peptic change, to supply for any length of time all the conditions necessary for proper digestion. Added to this is man's natural aversion to the continued use of one, and only one, kind of food for any length of time.

Physiology teaches us that the gastric fluid is secreted only in the presence of food; but that it ceases to be secreted, although food be present in the stomach, as soon as the wants of the system are satisfied. Now, what takes place during digestion where the only food employed consists of salt meat—sometimes of the consistence of buckhorn—and dry biscuit? The food remains in the stomach probably five or six hours, while the wants of the system continue unsatisfied. All this time the stomach is being excited to secretion, while the gastric juice, from this exhausting secretory action, becomes deteriorated in quality, or in the end, perhaps, deficient in quantity; and the result is that the whole digestive process is brought to a standstill. Scurvy, therefore, is the result of mal-nutrition. But we know that if lime-juice or vegetables be added to the staple fare of salt meat and biscuit, scurvy may be prevented. And the prophylactic power of the lime-juice does not, as is generally supposed, depend upon its having any direct action upon the blood, but upon its immediate action on the contents of the stomach, by serving as the agent by which these hard ingesta become reduced and rendered fit for absorption—in fact, by taking the place of the gastric fluid. Now, what facts have we to strengthen this hypothesis? In the first place, that the solvent power of the gastric fluid depends, for the most part, upon the acid it contains, it having been found to yield, on analysis, hydrochloric, acetic, lactic, malic, and phosphoric acids; one being capable of taking the place of the other. Hence it is that the acid wines and vinegar become antiscorbutics. Secondly, that the solvent effect of the different acids upon the fibrin of meat is well known, and is taken advantage of in making analyses of the contents of the different viscera in medico-legal investigations. We learn by experience that saur-kraut, spruce-beer, oranges, lemons, and their juices, and all kinds of esculent fruits and vegetables, possess more or less so-called antiscorbutic properties; also, that the acid wines, vinegar, brandy, molasses, pickles, and sauces tend greatly to prevent the occurrence of scurvy—indeed, it would be difficult to name anything contained in the category of eatables and drinkables which does not possess, to a greater or less degree, some antiscorbutic value. Now, it must be patent to all who possess the smallest knowledge of chemistry, that if vinegar and brandy serve at all to prevent the disease, it cannot be owing to the salts of potash they contain; while it is equally certain that they must operate in a manner quite different from that in which potatoes and green vegetables effect a cure. The juice of the lime and lemon, acid wines, beer and vinegar, act by virtue of their solvent effect upon the food contained in the stomach; whereas alcohol can only act through the medium of the circulatory system. The secret of vegetables and fruits being so potent as antiscorbutics is this:—The alimentary canal may be very appropriately termed a double organ, inasmuch as the animal food is digested by the stomach, and the vegetables by the intestines. Hence man has two distinct appetites, one for each kind of food—the animal and vegetable. He may eat to repletion of the one kind, and then partake heartily of the other. Is it not fair to assume, then, that, in the case of the scorbutic patient whose stomach digestion has been most imperfect, the intestines, which for weeks have been almost wholly unemployed, should, upon the accession of vegetable food, play an active part in supplying the necessary nutritive material to the system? Scurvy is to be prevented, then, in two ways: either by employing the stomach better, or by giving the intestines more to do.

Food should be so constituted as to contain within it the materials from which may be drawn all the primary elements of the blood; and no one kind of food is so rich in these as flesh, the fibrinous portions being the most essential. It is true that wherever scurvy has happened, whether on land or sea, it has always been in the absence of vegetable food; but what other condition is there that strikes one? That the fibrinous and albuminous portions have *always* been deficient in the *materia alimentaria* supplied, or they have been presented in such a form as not to admit of their being, for any length of time, properly and effectually reduced; the latter being the case where salt meat has been the cause, and the former where bread, tea, coffee, bacon, cheese, &c., have formed the diet under which an outbreak of scurvy has taken place. We have sufficient proof that the fibrinous and albuminous principles play a most important part in eradicating scurvy in the fact that vegetables will sooner effect a cure when combined with salt meat than when administered alone, and still quicker conduce to such result when taken in conjunction with fresh meat. And again, a healthy, growing youth, with craving appetite, whose stomach is equal to any emergency in the way of food, will outlive a much longer voyage on salt meat and biscuit than the man in middle life with fastidious stomach; although in the case of the youth the demands of the system for food are greater, in order to supply the wants of a growing frame. What stronger arguments can be adduced in favour of my theory? What greater proof can we have, in opposition to the prevailing opinion, that vegetables are chemically antiscorbutic—that they supply a something which meat does not possess, and which the body requires? The four varieties of food necessary for the main-

tenance of nutrition are represented in bread and butter, and how commonly do we see well-nourished, blooming children living almost exclusively upon it. But the fibrinous and albuminous principles contained therein being proportionately very small, it would fail to supply the necessary muscle-making material were it not for the child's astonishing capacity for consuming its own weight of such food in a comparatively short time. The adult in attempting to live exclusively upon bread and butter would find that he could not eat sufficient to sustain him. And hence it is that children will thrive under the same conditions that infallibly conduce to scurvy in the adult. It is remarkable that the many different authors writing upon this subject should not have observed this.

The great desideratum, then, in catering for the mercantile marine, with a view to prevent the occurrence of scurvy, should be that the sailor be provided with good flesh-food; and since salt meat must of necessity always form the basis of his dietary, every care should be taken that it be of recent pickle, bad salt meat being too commonly the cause of the disorder. Nothing would tend more to stamp out scurvy from our seas than Government making it compulsory on ship-owners not to ship their meat-supply as salt meat, but compel them to take it in as fresh meat, and thus ensure its being laid down in the brine within a week of the vessel's sailing. This plan could not fail to secure to the sailor a supply of wholesome meat, whereas, as the law stands, he may have palmed upon him the vilest trash, the pickle-tub being made the receptacle of all that is loathsome. The carcase once in the brine, there is an end to all history as to its mode of death; neither do we know how long it may have been "sepulchred below;" and consequently many a ship is sent to sea with scurvy in the tub.

(To be continued.)

ON

THE ADMINISTRATION OF FOOD AND MEDICINE BY THE NOSE WHEN THEY CANNOT BE GIVEN BY THE MOUTH.

BY D. ANDERSON MOXEY, M.D., M.R.C.P.

(*Concluded from p. 395.*)

IN the manner before mentioned, I have administered every kind of liquid and semi-solid food, as milk, beef-tea, soups, eggs, arrowroot, corn-flour, Liebig's extractum carnis, &c.; and every kind of drink, as tea, coffee, barley- and rice-water, wine, and spirits diluted with water. I have also given in the same way every kind of drug; and, out of an experience of some scores of cases, I have never found the nostrils unduly irritated during the administration, so as to induce sneezing or paroxysmal coughing, as might at first sight be expected; nor have I ever heard the patient subsequently complain of any injury to, or even irritation of, the nostrils; nor have I ever found the trace of a scratch or contusion on the person of a patient fed in this way. Moreover, I have never known the lunatic express any violent resentment at the treatment pursued, nor aver that he had been injured in any way during the administration; and I have invariably found those who assisted at, or witnessed, the procedure express their unqualified approbation of the system. It is surprising to those who have not experience of it, to what an amount of apparent irritation the nares may be subjected without giving rise to discomfort, and what a large quantity of fluid or semi-solid nourishment may be administered by the nose in the space of a few minutes. In order thoroughly to test these points, I instituted a series of experiments on myself, administering through my own nostrils warm and cold water, diluted brandy, eggs beaten up in milk, &c. In no instance was there produced irritation enough to cause my eyes to water. The sensation could neither be called painful nor irritable, but it was sufficiently unpleasant to make me understand and appreciate the reason why many patients, after a very short trial, prefer to take their food in the usual way. The peculiar feeling lasts but a few minutes after the administration, and is similar in kind to, and certainly not greater in degree than, the sensation of discomfort that follows diving, when the sea-water is forced into the mouth or throat through the nostrils. I found I could with ease swallow in this manner a pint of the mistura vini gallici of the British Pharmacopœia, with the addition of a teaspoonful of Liebig's extractum carnis; and this potion caused less discomfort to the Schneiderian membrane than a similar quantity of cold water. This was due to my having previously warmed the brandy mixture, which further enabled me to swallow the whole pint in three minutes, whereas the cold water was nearly five minutes in being disposed of. These few experiments taught me that the Schneiderian membrane is by no means so sensitive as we are apt to imagine, but that it is more sensitive to cold than even to stimulating liquids. Hence I have deduced, and would recommend to others, the practical rule always to warm whatever is administered through the nose.

It may be asked, why do patients, as a rule, *give in* so much more readily than when food is forced on them through the mouth? There are various reasons for this, I believe. In the first place, most patients, however insane they may be, have a tolerably shrewd appreciation of the power of numbers, and seeing an overwhelming force arrayed against them in the four or five attendants I have recommended to be summoned on these occasions, and not exactly knowing what is going to be done, a feeling of alarm often prompts them to give in, even before they are laid down on the couch. The appearance of the physician with the funnel and sauce-boat still further magnifies in their eyes the extent and apparent mysteriousness of the preparations. In the second place, when they are held down on the couch so that every movement is absolutely controlled, the feeling that they are utterly powerless, and that resistance is simply impossible, doubtless often conquers their obstinacy, and leads them to make a virtue of a necessity. At the same time, this feeling of utter helplessness is not agreeable to the natural vanity of anyone, sane or insane; the patient feels as if he were being degraded and treated like a child, and in some instances this idea seems to prompt the unconditional surrender. Sooner than again be placed in so humiliating a position, I have seen several patients, who had previously fought desperately against all attempts to feed by the mouth, take their food quietly and in the usual way, after once having had their vanity so wounded. In the third place, when the funnel and sauce-boat have been called into requisition, the sensation, as already stated, is quite disagreeable enough to bring most patients to terms, particularly when the luxury of a stout resistance is so completely precluded.

On the other hand, when food is forced by the mouth, not only are the voluntary muscles of the whole body arrayed against the attempt, but the muscles of the mouth itself, even if the others are thoroughly controlled, can be used as antagonistic agents to the last; and it is wonderful how the patient enjoys to bespatter the attendants with the half-swallowed food. He never feels, as in the other case, wholly in the power of those around him; and, so long as the veriest loophole for resistance is open, he fights to the last, and is ready to fight again. The more he is hurt the more savage he becomes; and he will sometimes even glory in his bruises and abrasions, if he can only trace some of his own handiwork on the clothes or persons of those who forced the food down his throat.

In narrating my experience of this method of administering food, I have explained, in the first instance, its exhibition to the insane. In the advocacy of a procedure as yet untried by the greater part of the profession, it is, perhaps, unwise of me to have first referred to such cases, surrounded, as they always are, by so many repulsive adjuncts; for it is painful to be compelled to use force of any kind to a fellow-creature, and especially to a fellow-creature suffering under so sad an affliction as insanity—in fact, it is painful even to write about it. But it was in the Hants County Lunatic Asylum, of which I was assistant medical officer ten years ago, that I first saw the plan adopted; and it was in consequence of the good results I derived from its use there, that I was induced subsequently to try it in various diseases and states of the system unconnected with insanity.

Before leaving this class of cases, let me particularly insist on the great advantage, nay more, the necessity, of having a number of attendants sufficient to ensure *absolute* control over every movement of the patient. By this precaution not a mark will be left on his person—not even the smallest abrasion of the nasal mucous membrane. And let me, also, remind the administrator always to have the potion warmed.

My next experience, in chronological sequence, was in the administration of emetics by the nose in cases of extreme intoxication. From 1859 to 1862 I served as assistant-surgeon, R.N., in two line-of-battle ships, the conjoined complement of which was 2000 men; and during that period I had many opportunities of putting this treatment in practice. It was no uncommon thing to be summoned to see a seaman or marine who had been brought off from shore "dead drunk"—who could neither see, hear, nor feel, and who ran a great risk of losing his life unless his stomach could be speedily relieved of the raw spirit it contained. In such a case it was simply impossible to rouse the man sufficiently to drink anything, and the use of the stomach-pump would have been attended with great inconvenience and difficulty and not a little risk; while the want of resistance on the part of the patient rendered the administration through the nose of an emetic draught—say of sulphate of zinc—all the easier. I never found a case so far gone that the reflex act of deglutition did not follow the passage of the liquid through the nostril into the pharynx.

I have also employed nasal feeding successfully in ulcerated sore-throat, tonsillitis going on to suppuration, glossitis, and recently in the case of an infant who was sinking from inability to swallow. The last-mentioned instance is worthy of further notice, as indicating a class of cases in which this treatment may be most advantageously employed; for medical men are often called to see infants who refuse the breast, who cannot swallow anything by spoon or feeding-bottle, and in whom an enema is not retained. The case I refer to presented exactly these features; and seeing that if neither food nor medicine could be administered my little patient (only six days old) would soon sink, more particularly as the powers of life were at the lowest ebb, as animal heat could with difficulty be kept up, and as he had swallowed nothing for twenty-four hours, I at once determined to try feeding through the nostril—previously injecting a nutrient enema, which, however, was not retained a moment, there being almost complete relaxation of the sphincter ani. The infant lay in an unconscious state, with dilated pupils and difficult breathing, and had shortly before passed a whitish lump of offensive fæces. Its water was passing in considerable quantity. The abdomen was hard and distended with flatus, and the cause of the symptoms seemed referable to hepatic and intestinal derangement. I made use of a male urethral glass syringe; and with this I injected through the left nostril half a wineglassful of its mother's milk, mixed with a small quantity of Liebig's extractum carnis, and five minims of brandy. The child readily swallowed each syringeful, the stomach rejecting a little of the first only. I found it necessary to inject very slowly, letting the liquid trickle from the syringe just within the orifice of the nostril, and then find its own way through it, while the infant lay on its back on the nurse's knee, with its head slightly depressed. In this way I administered half a wineglassful of nourishment every hour or two hours, till, at the end of twenty-four hours, he had greatly revived. In the meantime I had given him through the same channel a drachm of castor oil, which brought away a considerable quantity of hard, offensive fæces, and his next allowance of maternal milk he managed to suck out of one of Maw's feeding-bottles. From this time he continued to improve, and in twelve hours later, or thirty-six from the time I saw him, he could take his mother's breast. This infant, I have no hesitation in saying, would have died within twenty-four hours of the time I saw him but for this method of feeding; and such, I may mention, was the opinion of two medical men who saw the case with me, and one of whom afterwards saw, and approved of, the procedure adopted.

The ease of administration in this instance, and the absence of all apparent irritation of the Schneiderian membrane, even after the powers of life were reviving, and in spite of the admixture of brandy, have determined me to adopt a similar practice in every similar case. I made the nurse on several occasions inject the food; and, after seeing me do it several times, she managed it quite as well as I could.

One point in connexion with this case I may just note before leaving it, and it is this, that when a tendency to sickness was present, by injecting a few drops at the moment the antiperistaltic action was coming on, it seemed to be arrested in its progress, and a few similar doses appeared ultimately to allay the sickness altogether. The induction of the peristaltic seemed to overcome the antiperistaltic action.

In one case of apoplexy I tried nasal feeding, and, although no benefit resulted, yet I was enabled to satisfy myself of this fact, that a liquid allowed to run through the nostrils into the pharynx finds its way into the stomach without the act of swallowing necessarily taking place, but apparently by sole virtue of its own specific gravity. None of the liquid was found in the bronchial tubes after death, but about two ounces of it, all I had ventured to administer, were found in the stomach, although the reflex act of deglutition had never taken place.

Having now enumerated the cases in which I have tried nasal feeding, it only remains for me to indicate, in a general way, the circumstances in which I think it would prove useful. These are:—

1. In all cases where the condition of the mucous membrane of the mouth is such as to render the ingestion of liquid or solid matter too painful to be borne, as in thrush, and other aphthous conditions of the mouth, ulceration following the destructive action of any corrosive substance, &c.

2. In diseased or inflamed conditions of the tonsils and velum palati, as inflamed or ulcerated sore-throat (scarlatina anginosa and maligna), tonsillitis, tonsillar abscess, &c.

3. In diseased conditions of the tongue, as glossitis, cancer, &c.

4. In tumours of either maxilla obstructing the oral aperture.

5. In some cases of apoplexy, where the reflex act of deglutition remains, although the voluntary act is lost; and, as shown in the one instance I have mentioned, even in cases where the reflex act itself is lost.

6. In certain forms of partial paralysis, where the arc of reflex action, on which the act of deglutition depends, may remain intact, although the voluntary muscles of mastication, and the other muscles concerned in the voluntary part of deglutition, are paralysed.

7. In lock-jaw.

8. In narcotic poisoning.

9. In poisoning by powerful sedatives, as hydrocyanic acid, digitalis, &c.

10. In alcoholic poisoning.

11. In infantile convulsions, trismus nascentium, and conditions of extreme weakness, where nothing can be administered or retained by any other channel.

12. In insanity, and attempts to commit suicide by starvation.

Other conditions might doubtless be cited, but the above are what occur to me as the most feasible, and I now leave the subject to the favourable consideration of those of my professional brethren who have not heard of, or as yet tried, the expedient proposed.

I should not have ventured to advance so much in favour of this plan of administering food and medicine, were it not, as I believe, comparatively unknown to, or at least untried by, the bulk of the profession. I am well aware that it is by no means unknown in lunacy practice, but even such being the case, I have never met with a detailed notice of it in any medical or other work.

In conclusion, my experience of this method of alimentation, in cases where feeding by the mouth is inadmissible, induces me to recommend it in preference to any other plan; and I hope I have been able to show cause that it should be tried before any other is resorted to,—though not, of course, to the exclusion of any of the other channels by which our efforts at due nutrition may be materially assisted.

Hinde-street, Manchester-square.

HEPHÆSTIC HEMIPLEGIA (HAMMER PALSY).

BY WILLIAM FRANK-SMITH, M.B.LOND., F.C.S.,
LECTURER ON MEDICINE AT THE SHEFFIELD SCHOOL OF MEDICINE, PHYSICIAN TO THE SHEFFIELD GENERAL INFIRMARY, LATE PHYSICIAN TO THE SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.

THE following notes, taken from my out-patient book, refer to seven cases of a kind of hemiplegia which, whether it has been previously described or not, seems to me to offer points of interest, especially when considered in connexion with what is called "scrivener's palsy," from which disease, however, it differs absolutely by the absence of spasm and extension of the paralysis. The patients were, with one exception, either young or in the prime of life; temperate, healthy, and, with the exception of the continual use of the seven-pound single-handed hammer of their trade, exposed to none of the causes of cerebral lesion. Neither syphilis nor renal disease was present. In all the cases complete or partial recovery has followed the use of phosphorus, iron, strychnia, and cod-liver oil, with *absolute* and *prolonged abstinence* from the forge. Hence I am unable to speak of the morbid anatomy of the affection.

CASE 1.—Sept. 1st, 1867: George L——, aged forty, a table-blade striker; married; six children; temperate. Used a seven-pound hammer. Three years ago he worked rather late on Saturday, in spite of a feeling of fatigue and dizziness. After tea on Sunday he felt ill, and went to bed. The right arm was convulsed. He got out of bed, and fell down; but did not become insensible. Remained in bed five weeks. Could understand what his friends said; but could not himself be understood, uttering only inarticulate sounds. The mouth was drawn to the left side. At present he can walk pretty well, and can talk, but indistinctly. Has occasional fits of vertigo; also jactitation of the right arm. There is ptosis of the right eye; impaired hearing of the right ear. He drags the right leg, and is incapable of grasping the hammer with the right arm. Has some difficulty in passing his urine. Tactile sense slightly impaired on the right side. The patient was ordered to take tincture of iron, and small doses (from $\frac{1}{15}$ to $\frac{1}{10}$ of a grain) of strychnia. With occasional attacks of vertigo and cephalalgia, he improved steadily.

Nov. 7th.—The hand, arm, and leg are noted as decidedly stronger. After this date I lost sight of him.

CASE 2.—J. P——, hammersmith, aged thirty-two. Two months ago he began to experience pain in the epigastrium whenever he used his hammer, which weighed five pounds. At present the right arm is numb, cold, and weak; the right leg drags, but not much; tactile sensibility of right side less than on the left; indistinctness of speech; vertigo.

CASE 3.—Aug. 21st, 1867: J. T——, aged eighteen, working engineer; a very healthy-looking, steady young man. Uses a heavy hammer with right hand. About five weeks ago his mother noticed that while cutting some bread his right hand appeared weak and clumsy, "straggling from the haft to the blade;" also noticed some indistinctness of speech. This weakness of the right arm and hand has increased up to this date; cannot grasp my hand nor hold a pen; right leg weak; ptosis of right eye, and inability to close it *firmly*; twitching of orbicularis; twitching of right arm and hand; tactile sensibility of right side impaired; sense of tickling and pain rather increased; muscular sense impaired. This patient was discharged in three months nearly well.

CASE 4.—Feb. 11th, 1867: Christopher L——, aged twenty-four; razor-blade striker; hammer 8 lb.; has worked at his trade seven years. Awoke in the night five days ago with "cramp in the stomach," and found, on attempting to rise, that he had lost the use of the right arm and leg.

In this case I could discover no defect in tactile, muscular, thermal, or æsthetic sense. No amblyopia, deafness, or aphasia.

In about three months, under the phosphorus oil, iron and strychnia treatment, he perfectly recovered, and went up with the militia for four weeks' training.

CASE 5.—Dec. 4th, 1866: Thos. C——, table-blade striker, aged thirty-five. Has used a heavy hammer for twenty years. The right arm is weak, palpably wasted and numb. He has neuralgic pain over the biceps.

CASE 6.—Oct. 10th, 1866: Thos. H——, aged twenty-nine, file forger. On October 1st worked till half-past seven in the evening. Oct. 2nd, the hand felt stiff; wrist dropped. He went to the forge, and said that the hammer "felt like a cork." On examination, partial loss of power of right arm, and hand cannot grasp; no other symptom.

Oct. 24th.—With rest and tonics he has nearly recovered his former strength and skill of hand.

CASE 7.—Peculiarly interesting as a case of aphasia and agraphia. William W——, silver plater, aged fifty-five. Six months ago he became low-spirited, his memory failed, and he suffered from illusions of sight. His mother died insane. I saw him on May 18th, 1868. He uses a heavy hammer with one hand. The right arm is weak and numb; he drags the right leg; the face is slightly drawn to the left side. When asked to read aloud an advertisement of a surgeon-dentist, he pronounces these two words as "juggery go go," but intimates by a graphic gesture, in imitation of extracting a tooth, that he knows their purport. Though a good writer, he can only write part of his name, giving up the attempt at the final "d"; cannot write his wife's Christian name, "Mary."

Under treatment he has now very considerably improved (Aug. 26th, 1868).

Sheffield, March, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

EXCISION OF OLECRANON ULNÆ.

(Under the care of Mr. JOHN BIRKETT.)

IN the case of disease of the elbow-joint described below, the olecranon process of the ulna only was excised. The case serves to illustrate the advantage of opening this joint freely, in order to allow a ready escape for pus; and it shows besides that, although the articular cartilage of the entire joint may be in a morbid condition, it is not requisite to cut off other parts of the bones forming it. In other words, this comparatively trifling operation suffices for the cure of the disease, and the preservation of a highly useful limb. It may be regarded as one stage in the treatment of these cases, which, if not successful, can be supplemented by the excision of the other articular surfaces, and, if failure of cure then happens, by amputation of the member. The youth of the patient favoured the repair of the disease, and the benefit he derived from the residence at Margate had a material influence on its cure.

A carman, aged nineteen, was admitted into Lazarus ward Jan. 10th, 1868. About six months previously he was struck on the elbow by a cartwheel. He did not feel much pain at the time, but went on with his work as usual. A few days afterwards he experienced "gnawing pains" in his elbow, and in two or three weeks the joint began to swell. He went on using his arm for two months; by that time the swelling, which had extended upwards and below the joint, had caused so much stiffness, and the pain was so great, that he could no longer use his arm. The pain was not continuous, but was always worse at night, generally waking him "with a start" as he was going to sleep. He

then came as an out-patient at the hospital, where the arm was fixed at right angles on a splint, and the joint blistered several times, with apparent relief.

On admission, there was considerable enlargement of the right elbow-joint, of a doughy feel; but there was no fluctuation. The skin was red only at the inner side, where there was increased heat; the fingers were benumbed. His appetite was good; tongue clean; bowels rather costive. Ordered citrate of iron and quinine, five grains, in camphor water, three times a day.

Jan. 16th.—A blister to be applied to the elbow, which is painful. There is pointing over the inner condyle.

18th.—In the night the abscess burst and discharged much pus. He sleeps fairly now.

20th.—Experienced much pain in the night. Joint discharges freely.

27th.—Continues about the same. Has an attack of acute eczema on hand and thigh.

Feb. 6th.—Eczema well. Sleeps pretty well now. Joint still discharges freely.

18th.—Operation. A vertical incision, five inches long, was made over the olecranon, the joint opened freely, and the olecranon process sawn off. The end of the humerus and upper end of the radius and ulna were covered with healthy granulations. Wet lint was wrapped round. Acupressure was used on one or two vessels.

20th.—Pins taken out, and wound dressed with permanganate. Appetite bad; good deal of pain.

22nd.—Wound discharges freely; pain less; sleeps better; appetite improving; the wound has healed at ends.

24th.—Inside splint put on. Ordered six ounces of wine.

May 8th.—Patient left hospital to go to the Royal Seabathing Infirmary at Margate, the joint being stiff and still swollen, but not painful. All sinuses healed up.

The man remained at Margate for five months, and returned home with the joint quite well. He showed himself at the hospital about the latter end of December; there was then slight movement of the elbow, which was perfectly strong and very useful.

GREAT NORTHERN HOSPITAL.

FEMORO-POPLITEAL ANEURISM; ATTEMPT TO LIGATURE THE VESSEL ABOVE AND BELOW; AMPUTATION.

(Under the care of Mr. GAY.)

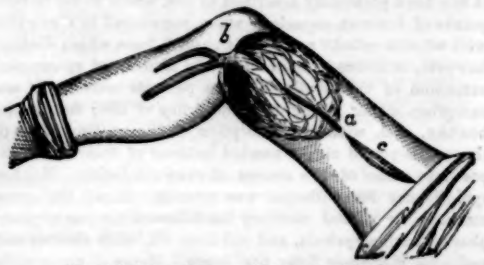
IN THE LANCET for June 20th, 1868, Mr. Gay gave the details of a case of femoral aneurism successfully treated by opening the sac, and deligating the vessel above and below. Mr. Gay informs us that the case has done remarkably well, so far as the aneurism is concerned; but that a small sinus has remained open, leading to the old sac, and evidently associated with the *suppurative* dissolution of its tissues, for the considerable thickening that remained on its site has dwindled down, and is now fast disappearing.

In July another case of femoral aneurism fell under Mr. Gay's care, and was admitted into this hospital. The tumour was large, and occupied the inner side and lower third of the thigh. It perhaps encroached rather more on the lateral boundary of the popliteal space than these aneurisms usually do. Large veins ran over the tumour; it was painful on pressure, and the cyst was then on its internal aspect. There was a very decided bruit about the situation of the tricipital opening, stopped by pressure on the femoral. There was no alteration in the state of the circulation through the leg and foot, but the patient complained of numbness in the foot. The knee was flexed at an oblique angle.

This patient had been operated upon for a femoral aneurism in almost the same spot, a twelvemonth before, by ligature of the femoral, and the case did remarkably well for several months. Its reappearance took place about two months since, and from that period it has made somewhat rapid increase. The femoral artery remained completely obliterated, and the probability was that the aneurism received its supply of blood from the profunda through its inosculation with the anastomotica magna.

There was then clearly no way of treating this aneurism but by the operation of Antyllus, which had succeeded in the former instance, or by amputation. The forbidding circumstance, in reference to the former proceeding, was the possible implication of the popliteal in the disease of the femoral, or in the cyst of the aneurism, which might make it impracticable to place a ligature upon it. Mr. Gay decided, at all events, upon making a trial, and to amputate in case deligation on either side could not be accomplished.

The patient was placed under the influence of chloroform on the 15th of July, and the limb having been prepared by the application of a Skey's tourniquet immediately below Poupart's ligament, and by preparation for digital compression, if it should be necessary, on the external iliac, Mr. Gay proceeded by making an incision through the whole



a, Line of incision; *b*, the popliteal opening into the aneurismal sac just above its bifurcation; *c*, cicatrix of former operation.

length of the sac, along the course of the vessel. An immense quantity of coagulum was turned out, and the inside of the sac was well cleansed with cold water. After some little search, the upper end of the vessel was found and secured. Its *lower* end, however, was not so easily found. Upon turning on the current, the blood issued in a very large jet deep in the popliteal space. Attempts were made to seize the mouth of the vessel, and it was obvious that, although the depth was very considerable, and rendered any ocular demonstration of the parts impossible, this was effected by the forceps several times. The coats, however, were diseased, for the vessel tore away under the forceps, and portions were included in its beak.

It now became clear that deligation was impracticable; and as the point from which the bleeding came could not be but a short distance above the bifurcation of the artery, it would be useless to attempt it further down. Mr. Gay then amputated the limb. The patient made a good recovery, and is now at work with a wooden peg.

On dissecting the limb, the artery was found diseased as far as its division into the anterior and posterior tibial arteries; and this took place within three-quarters of an inch from the point reached during the operation, which also was that at which the vessel began to dilate before it merged into the tissues forming the aneurismal sac.

MISCELLANEOUS CASES.

WITH this heading we propose to furnish from time to time a column which shall contain a brief reference to medical and surgical cases *under treatment at the moment* in various hospitals. Our aim will be to provide a sort of index to cases of disease, so that scientific workers in various directions may learn in what quarter they can see for themselves, or gather information respecting, a patient whose malady especially interests them. Registrars, house-physicians, and house-surgeons have it in their power to increase materially the utility of this column of reference with very little personal trouble; and we rely with confidence upon their help in a work intended particularly for the mutual convenience of those engaged in the study of disease as it is presented in the wards of our hospitals.

TAPPING IN PLEURISY.—In *St. Mary's Hospital*, under the care of Dr. Handfield Jones, is a Hindostanee cook, who came in on March 12th with great distress of breathing, and the heart displaced to the right side from extensive pleuritic effusion. He was tapped the same day by Mr. Noble Smith, house-surgeon, and about a pint and a half of fluid let out. Three days afterwards the dyspnœa returned, and the tapping was repeated, about two pints more being evacuated. He is very much relieved. On the first

occasion, a scalpel cut having been made in the left axillary line between the fifth and sixth ribs, Sibson's flat trocar and canula was introduced, and the fluid allowed to run, no precautions being taken against the entrance of air. On the second occasion the use of a syringe was added. The fluid was almost clear, and did not show any pus. The first wound has healed, the second is healing. In the same hospital there is a girl, under Dr. Sibson's care, who has been tapped with great advantage.

ANEURISM OF THE AORTA.—In the *Middlesex Hospital*, under Dr. Sanderson's care. A man, aged thirty-four. The right radial and subclavian pulsations are imperceptible; the upper part of the sternum pulsates, especially towards the right side, and its skin shows venous engorgement. Between the second and third cartilages, just to the right of the sternum, a double soft bruit is imperfectly heard when the patient's breath is held. Pulsation in the right carotid is to be felt, but not perfectly. No tumour under the clavicle. Cardiac sounds and area of dulness normal. There is pain in the left trapezius, and down the left arm. The voice is somewhat altered. There is probably aneurism of the innominate or transverse arch of the aorta. Although the right radial gives no pulsation to the finger, a tracing is obtained by the sphygmograph (200—300 grammes pressure). It is a mere wave. The man had acute rheumatism twelve years ago; and pains in the left side, not extending to the left arm, began in 1866.

ANEURISM OF AORTA.—In the same hospital, Dr. Murchison has a coachman, aged thirty-eight, with aneurism, probably of the ascending aorta. There is a tumour to right of sternum. Right radial pulse slightly less than left. A double murmur heard over tumour. On December 21st, ten minims of tinctura veratri viridis (Ph. Br.) were given twice a day, and the dose since gradually increased, so that he is now taking twelve minims three times a day. Diuretics have also been administered, with an ample, nourishing diet, and very little fluid. The man has greatly improved. The tumour has decreased in size, and the skin over it, which was tense, shining, and red, is now of natural appearance. The veratrum only once produced a little sickness.

SOFT SYPHILITIC NODES.—On Saturday a lad had just been admitted, under Dr. Murchison, whose wrist, at a casual glance, would suggest the idea of acute rheumatism. But, examined carefully, it is found that there is a puffy swelling *above*, not *in*, the joint. It is elastic and painless, and the movements of the digital tendons are not affected by it. On his sternum, in the right posterior triangle, and on the right shin, are similar swellings, and eight months ago he had one on the head. Syphilis acknowledged nine months ago, followed in three or four weeks by great headache, and appearance of the node. He has had spots, and some, but not severe, sore-throat.

JAUNDICE FROM HYDATIDS.—A man, aged thirty-four, was shown to us by Dr. Murchison, who had been admitted with two tumours in right hypochondrium, small, fluctuating, and distinct. From the first five ounces, and from the second seven ounces, of characteristic fluid were let out by a fine trocar. Probed with a wire, it was ascertained that the cysts were very small; yet the man is deeply jaundiced, evidently from pressure upon the bile-duct. Further examination showed a small, fluctuating tumour, projecting slightly between the eighth and ninth ribs at back of right flank, the ribs being somewhat widely separated by it. Dr. Murchison was going to tap this, when he found another swelling of doubtful character in the left groin, and he therefore waited to see the effect of cleansing the bowels ere dealing with the third cyst. The man had no bad symptoms after either tapping, but rather grumbled at having to lie on his back for twenty-four hours.

LUXATION OF HUMERUS FROM EPILEPSY.—There is now amongst the out-patients, under Dr. Hughlings Jackson's care, at the *National Hospital for the Epileptic and Paralysed*, a man who has dislocated his right shoulder seven times; the first four times in fits, the last three times in simply using the right arm. He now wears an apparatus contrived by Mr. Gumpel, with the hope of keeping the head of the bone in its place. In the very first fit the patient ever had, two years ago, he dislocated the left shoulder, and this dislocation has never been reduced, although several attempts have been made by eminent surgeons.

Reviews and Notices of Books.

Introduction to Scientific Chemistry. By M. BARFF. London: Groombridge and Sons.

THIS is the first volume of an educational series of elementary treatises about to be issued for students. Whilst it is intended for a beginner, whatever his subsequent purpose may be, it is peculiarly adapted for students of the medical profession, not only in preparing them directly for the matriculation examination, but also in serving as a real and genuine scientific introduction to the more extended works required for more advanced examinations. The student who knows M. Barff's book in the way it is intended to be known, will have a solid groundwork of chemical knowledge on which he may safely rear the more speculative branches of the science. The entire history of the so-called non-metallic elements is treated of without symbols, and with a consistent use of the new nomenclature at present being gradually introduced into our text-books. Then, with a mass of well-selected facts to work upon, the fundamental theories of the science are briefly alluded to, and the chemical decompositions before used are represented in the recognised system of symbols and formulæ. This plan M. Barff regards as being especially advantageous in teaching beginners, and in preventing their acquiring only a "crammed" knowledge.

Appended to each chapter are some questions on it, and at the end of the book are the questions given at the matriculation examinations for the past five years, with the calculations worked out. A very novel feature of the book is a chapter of advice to candidates under examination. It contains several valuable hints; but at the same time it is a well-known fact that different examiners have a different method of examining in the same subject, and regard with a wholly different eye the same answer. So long as such a state of things exists—and we cannot well see how it can be different,—it follows that advice that holds good in one case will not avail in another. In the opening sentence of this chapter we would suggest the substitution of "should be" for "is," as likely to express more truthfully the existing method of examination.

For the purposes of clear instruction, for preparing for the earlier examinations, and last, though not least, for cheapness and excellence, we heartily recommend M. Barff's work to the notice of students.

The Surgical Treatment of the Diseases of Infancy and Childhood. By T. HOLMES, M.A. Cantab., late Surgeon to the Hospital for Sick Children, Surgeon and Lecturer on Surgery to St. George's Hospital, Surgeon-in-Chief to the Metropolitan Police, &c. Second Edition. London: Longmans. 1869.

WE are not at all surprised that a second edition of this work has been demanded so quickly after the publication of the first. Substantially, of course, it is the same; but the author has endeavoured—and, what is more, succeeded in his endeavour—to improve the volume by the addition of new matter (such as a very useful chapter on Orthopædic Surgery, for example), and a careful revision of the old. In deference to one of his reviewers, Mr. Holmes has pointed out the main distinctions between the surgical diseases of childhood and of after-life, and stated his reasons for holding that separate treatises on these diseases are desirable, and separate institutions necessary for their treatment. We would direct his readers' attention to the short Preface to the second edition, in which these points are more particularly dwelt upon, as a specimen of the author's thoughtful style of writing. We expressed our high opinion of Mr.

Holmes's book on its first appearance, and we have only to add that its value as a practical guide to the surgery of children has been increased in the present edition.

Morbid Conditions of the Throat in their relation to Pulmonary Consumption. By S. SCOTT ALISON, M.D., F.R.C.P., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, &c. London: H. K. Lewis. 1869.

THIS little volume is composed of papers which originally appeared in a contemporary, and they are now republished in a collected form in deference to the wishes of the author's professional brethren. The morbid states of the throat are discussed in relation to pulmonary consumption under the following aspects—viz., as a precursor, sequela, and simulator of that disease. As a precursor, Dr. Scott Alison says these disorders play a comparatively unimportant part. Our experience coincides with his, that the priority of throat affections to phthisis is generally more apparent than real, and that it is as a sequela of pulmonary consumption that tracheal disorders assume their most grave aspect.* It is to the morbid conditions of the throat, when these symptoms simulate those of tubercle of the lungs, that our author more specially addresses himself, and he points out the great services which the pure and mild air of the Brompton Hospital has rendered in their alleviation and cure. Dr. Scott Alison's work appears to us to afford a clear description of his subject, and his remarks on treatment are able and judicious.

THE

SICK POOR OF PARIS.

By BLANCHARD JERROLD.

No. II.

FRENCH hospitals being all, more or less, State institutions, supported by municipal funds as well as private acts of charity, incur a responsibility towards the public which is not borne by English hospitals. In the same way, the home relief of the sick as well as of the poor, being the operation of a mixed action—viz., that of an administration supplemented by the efforts of charitable ladies and gentlemen,—is uniform, constant, and unattended with those laxities which from time to time provoke the indignation of the English public. Whenever the English Poor Laws are publicly discussed, fifty complaints arise among the administrators and executive officers of the Poor Law, the public that pays, and the public that is relieved. In Paris, disposed as the Opposition in the Corps Legislatif is to pick holes in Napoleon's purple, there has been no attempt to attack the Assistance Publique administration. The theatre poor tax has redoubtable enemies; but there are no discontented poor-law officers; there are no good and bad arrondissements; no execrably managed maisons de secours; no overworked medical officers; no neglected cases nor slovenly dispensing, nor conveyance of fever patients in the first cab at hand. I shall describe a maison de secours, in its relation to the poor of a section of an arrondissement; to the hospitals; to out-door medical relief, and in its admirable internal economics, conducted by intelligent sisters, who have a mission as well as a wage—Christian charity as well as the means provided by the Assistance Publique. These maisons de secours, I may state at once, are so many well-ordered dispensaries, well worthy the attention of those politicians who are anxious to get at something like a sufficient, well-knit Poor-law code. They work in harmony with the distributors of out-door relief on the one hand, and with the hospitals on the other, and under that which is entirely absent from the English system—viz. "constant, intelligent inspection." Within the Assistance, I find no barristers—nephews of "one of us"—appointed to report on the infirmaries for the aged and the nurseries for orphans. The fitness of the individual for the office is a point which is an imperative necessity to the French mind; and it springs from that respect for ability which pervades all classes of Frenchmen, and makes a Nélaton a household name under the eaves of the humblest. He is surgeon and senator; and applauded because he doffs his embroidered coat to reach the sick man's bed. Shall we see a Lord Chancellor on his death-bed attended by a brother peer M.D.? The question is at the bottom of much more than the average philosopher can comprehend. All the controversies about Poor-law administration might be resolved into it. How is it that, although it has been shown that 72 per cent. of the pauperism of England proceeds from the neglect or maladministration of the poor sick, they are still neglected or maladministered? Dr. G. Wallis gave this evidence to a Select Committee of the House of Commons in 1854; and yet, fifteen years afterwards, we find that the capacity for mismanagement, for which Gwydyr House is famous, remains concentrated upon the medical departments of the Poor-law administration. The cause of 72 per cent. of your pauperism is untouched. Even in the matter of Mr. Hardy's Act the authorities are true to the traditional obstinacy and dunderheadedness of their department; and the dispensary languishes while the asylum foundations are hastily laid. Yet the dispensary lies at the root of the evil: would help to block the way of the unfortunate from the sick bed to the workhouse, and so lessen the 72 per cent.; while the asylum is but Bicêtre and La Salpétrière, and the Incurables-Hommes and the Incurables-Femmes over again, with the Depôt Mendicité bungled and superadded. These places are retreats for society's utter failures. Victims of our social plan indirectly, if also culpable individually through their vices, the aged and infirm of society, who are helpless and have nothing, command public compassion. Whether this compassion should be expressed in the shape of country asylums is a matter on which, I think, some light will be thrown by the experiences of M. Husson's department. But the importance of advancing to the assistance of the poor man in sickness must be plain to all who have been at the pains of noting how the ranks of the poor are recruited. Protect the aged paupers; but, above all, so help the young in sickness that they shall not fall into hopeless poverty. In the regulations of the Assistance Publique of Paris, in regard to the sick poor, this primary and fundamental rule of Poor-law economy is kept steadily in view. They fortify, in a remarkable manner, the line of argument and the significance of the array of facts contained in the late address of the President of your Poor-law Medical Officers' Association. These regulations, as they have been lately amended, I am enabled, through the courtesy of the Directeur-Général, to lay before your readers. I shall deal first with the out-door relief of the sick poor.

The latest report issued from the Avenue Victoria describes the out-door relief of the Paris sick poor during 1865-6-7, or the sixth, seventh, and eighth years during which the reorganised system has been in operation. Relief to the sick, the Directeur-Général states, is liberally applied

* Now, it is this important fact which adepts with the laryngoscope are sometimes apt to forget. In viewing an outlying lesion of the throat, they may overlook the more important but less obvious symptoms of constitutional disease. We do not accuse them of doing so; we only assert the tendency which exists in the very education and habits of a specialist to bring it about.

throughout the capital, not only to the indigent population, but also to those whom forced cessation from work, or slack time, has thrown into temporary distress. The poor who prefer home treatment to removal to the hospital are encouraged in this preference; which denotes a resolve to avoid the breaking-up of the *ménage* and the decline from independence to State relief. We shall see presently how, on the other hand, the Assistance deals with the sick in the hospitals, who will occasionally lay deep plans for getting into one of the sick asylums for life, while their friends are perfectly able to maintain them. The desirability of discouraging recourse to the hospital, and of helping the poor to keep the home together, is the mainspring of all the recent Assistance reforms. Of late, a new regulation has been drawn up for a home midwifery service, in order to discourage mothers from the old bad habit of being confined in the hospital. Its success has been steady. In 1865-6-7, more than 23,000 women were attended in their own homes by the midwives of the Bureaux de Bienfaisance—namely, 7450 in 1865, 7588 in 1866, and 8744 in 1867. In this latter year 6506 of the mothers attended at home received relief as well as attendance, more than half the relief being in the shape of bed and baby linen. Midwives have always been attached to the Bureaux de Bienfaisance; but until the recent reforms came into operation they had few patients. It has been deemed radically economical to devote a special sum of money (£6000) annually to the encouragement of midwifery cases at home by extra help. The Assistance gains in the end. The home of the necessitous mother is kept together. The midwife receives 8 francs for each case. When the mother is in a position requiring relief, the bureau of her quarter is bound to extend it to her to the amount of at least 12 francs. The value of this timely help is forcibly shown in a table, which sets forth that two-thirds of the women who have recourse to the midwife of their bureau are only temporarily necessitous. When this table is compared with the figures of the general sick poor who have recourse to the Assistance medical staff, it will be perceived that among the working poor the period of the wife's confinement is specially severe. 44 per cent. of the general sick poor who apply to the Bureaux are inscribed on the books of the Assistance as paupers. Another table justifies the reforms made by the Assistance. About 85 per cent. of the poor women who are gratuitously helped through their hour of trial have their own furniture—a sure mark of good conduct, and honourable effort to keep clear of State relief and the ultimate poor asylum. The needlewomen of Paris form the great majority of applicants; and in the latest statistics the single mothers attended amount to one-fifth of the total.

It is proved that the women who are confined at home are morally and physically superior to those who resort to the hospital; and that the poorest home, where the mother is alone with her child, is safer than the best regulated hospital. The figures of the home attendances of the Bureaux midwives are interesting. In 1867, of 8744 women confined, 5 died within the nine days; only 327 required medical treatment for the results of their confinement; 24 died; 23 were conveyed to the hospital; and 5 died in hospital. The average cost to the Assistance of each case is a fraction under 21 francs. The number of midwives (whose services are supplemented by the Bureaux doctors when necessary) in the pay of the Assistance is 111, making the average number of cases 78 each; and the fees nearly £25.

In 1867, the number of the poor sick attended in their homes reached 66,486, or 3·09 of the population. Of these, 74·49 were discharged cured. The average duration of sickness was 14 days. In this year the Bureaux medical attendants gave 355,089 consultations, showing an increase of 31,103 consultations in three years. The average cost per patient is set forth at a fraction under 5½ francs.

Summing up the effects of the liberal extension of the home treatment of the sick poor, M. Husson declared, last July, that they were most satisfactory and encouraging; and would nerve the Assistance to greater efforts towards the perfection of a plan, the germ of which was the idea of keeping poor working families off the Bureaux books, by helping them freely in that most critical hour in the lives of those who live by labour—the hour of sickness, when the expenses are suddenly increased, while the revenue is sensibly diminished or completely stopped. The best proof of the wisdom of the new regulations is, that the majority of the cases treated by the Assistance doctors are those of honest workfolk who are strangers to the taste of Assistance bread. The patients relieved are parted into two categories—the *indigents* and the *necessiteux*; the former being, of course, the chronic paupers. In 1867 the sick *indigents* who were attended amounted to 24,987; and the *necessiteux*, many of whom might have lapsed into chronic pauperism but for this timely help, to 30,647. The value of this fact to a poor-administrator of M. Husson's experience and sagacity is not lost. These sick *necessiteux*, who have been tided through a difficult passage of their lives, remain independent citizens. Many, had they not been enabled to keep home together, would now be on the books of a bureau; and, once on those books, a family is broken for many a long year.

The Assistance has a classification of the poor which is excellent. The recipients of relief are divided into those who have their own furniture, and those who have neither bed nor table of their own. The last are a hopeless class. They comprehend the vagabonds and ne'er-do-weels; the drunken and dissolute; the shiftless, unskilful workers; the unclassed who have fallen from various altitudes of the social ladder by the hundred accidents which befall men and women in a complicated and crowded artificial life like that which is encompassed by Louis Philippe's fortifications. When the unfurnished class of *indigents* are on the increase, trade is bad, life is hard, and misery is penetrating into new places. In 1867 the number of sick poor without furniture, and dwelling in the *garnis* of the outlying parts of Paris, increased. In the 19th arrondissement (a Parisian equivalent for Bethnal Green) the poor without chattels were more numerous than the poor with their own beds. The 20th arrondissement, to which the nomadic population of the city and the expropriated poor tend, shows the same mark of deep distress. The increase of the poorest class has been steady during the last three years on which reports have been issued. In 1865 the poor living in unfurnished rooms were 85·28 per cent.; and in 1867 they were but 81·59 per cent. The indigent population of Paris is composed of common labourers, porters, shoemakers, bricklayers, washerwomen, servants, and needlewomen. The labour to which the unskilled and unclassed have recourse is that, of course, which yields the lowest wage, and just maintains the animal functions. The least trade depression casts crowds of these dwellers on the verge of pauperism over the precipice. The few sticks of furniture vanish, and the man is naked as he was born; in a slack labour-market, with only untutored hands to offer in it. When the depression continues and deepens, the lower class of skilled artisans falls to the *garni*. The increase of furnitureless poor is an unerring sign of the spread of absolute pauperism.

The sick poor of Paris are a fraction over 3 per cent. of the inhabitants within the twenty arrondissements. Of the 51,833 who were visited by Assistance doctors in 1867, 20,413 were discharged convalescent, 18,201 were sent as out-patients to the maison de secours of their quarter, 1011 were incurable (subjects for one of the asylums), 3508 were conveyed to the hospitals, 3545 are marked as refused for various reasons, and 5155 died. The decrease in the average of deaths between 1865 and 1867 is from 10·36 per cent. to 9·95; but the cholera of 1865 and 1866 must be taken into consideration. The average of deaths amongst the sick poor inscribed on the Assistance books as treated at home from 1854, the date when this service was first reorganised, is interesting:—

	Patients.	Deaths.	Per-centage.
1854	28,076	2722	9·65
1855	29,483	2393	8·12
1856	30,346	2248	7·41
1857	29,669	2183	7·36
1858	27,724	2033	7·33
1859	25,299	2074	8·20
1860	33,890	2888	8·52
1861	44,191	3745	8·47
1862	47,102	3723	7·91
1863	50,047	4078	8·15
1864	52,246	4476	8·58
1865*	50,539	5238	10·36
1866*	52,756	5441	10·31
1867	51,833	5155	9·95

* The cholera years.

Again, in the Assistance tables the sick poor list is broken up into the number of days of illness. The days of sickness amongst the poor which the Bureaux doctors directed in 1865 were 834,734; in 1866, 797,116; and in 1867, 795,269. M. Husson reckons that these days of sickness, treated at home, saved 2287 hospital beds in 1865, 2184 in 1866, and 2179 in 1867. The average duration of sickness was highest in 1865, and lowest in 1866: in the former year it was 15·7 days; and in the latter year 14·5 days.

MEDICAL TEACHERS' ASSOCIATION.

A MEETING of the Medical Teachers' Association took place on Friday evening, March 19th, Sir W. Jenner in the chair. The President announced the resignation of Professor Bentley as Secretary and the nomination of Mr. Rivington by the Council. Mr. Rivington was elected Secretary. A few alterations were made in the bye-laws.

Mr. RIVINGTON then proposed the following resolution:—"That it be referred to the Council of the Association to consider and report to the Association the amount and kind of practical clinical work in the wards and out-patients' departments, and also the number of midwifery cases which every student should be required to have undertaken before presenting himself for the final examination for the minimum qualification to practise all the branches of the profession, as recommended in the Report of the Association recently issued; and further to consider and report upon the best method of testing the student on the subjects of the final examination." After eulogising the published report of the Association, which had been composed by Mr. Simon, and after expressing his satisfaction at the successful issue of Mr. Heath's motion as tending to direct the student's mind at once to practical subjects, and by making botany entirely preliminary to give an increased impulse to its study throughout the country, and to augment the receipts of able exponents, he said that the object of his motion was to clinch the attention of medical students to those things without which it was impossible for them to become safe and skilful practitioners in medicine, surgery, and midwifery. The report seemed to require to be supplemented by some more precise definition of the work which the student should undertake in wards and out-patients' departments. It was necessary to accept the basis of requisitions for practical study; and, inasmuch as the report of the Association protested strongly against "illusory requisitions," they were bound not to be satisfied with general declamation, but to put their finger specifically upon them and endeavour to have them removed. Having stated the various and varying requirements of the Colleges and Halls in regard to hospital practice and clinical medicine and surgery, Mr. Rivington observed that though the quantity might, as a general rule, not be insufficient, the quality was inferior, and this inferiority rendered the requirements illusory. The present system was merely compulsory of bodily presence and undirected physical exercise, and demanded evidence to be adduced of work performed by the legs and not by the hands and head, and this evidence in itself was utterly untrustworthy. To put it shortly, the present system as a system had failed, because it did not give a number of students experience before they left the hospital. A number of good and competent men left the hospitals every year and had profited by the teaching received; but a number of others, although they might be attracted to some extent by surgery, neglected medical practice and special diseases, including diseases of women. He quoted a passage from Dr. Graves's "Clinical Medicine," which, though written many years ago, had been endorsed in 1867; and which, after making all the deductions for the disuse of bleeding and mercury and the improvement of examinations, was, he feared, substantially correct. In conclusion, he would suggest that there should be uniform requirements from all students:—1. Of attendance on at least twenty cases of midwifery. 2. Of having acted as dresser for a certain number of months both to in- and out-patients. 3. Of a course of operations on the dead subject. 4. Of having acted as ward clerk. A certain number of cases should be assigned in each year to each student, of which accurate notes should be taken under the supervision of resident medical officers or registrars, whose numbers might be increased if necessary. This arrangement should be extended to diseases of women and mental diseases. 5. A practical examination at the end of the third year in auscultation and percussion, examination of morbid urine, specimens of diseased organs, natural labour, minor surgery, with fractures and dislocations. If these suggestions were carried into effect in place of the present requirements, the third year would not be wasted, cramming for the final examination at the end of the fourth year would be prevented, the advance of incompetent men would be arrested, the examination at the end of the third year would be a proof of fitness for the repose of greater reponsibility in the fourth year, and a thorough registration of disease could be obtained at the educational hospitals.

Mr. CHARLES HAWKINS said that Mr. Rivington had drawn a lamentable picture of medical education, and he hoped it would not go beyond the walls of the room. It showed the necessity for improving educational requirements and examinations, but he was averse to imposing fresh certificates. He eulogised highly the system of clinical instruction pursued by Dr. Graves and Dr. Stokes at the Meath Hospital, which he had attended before 1821. Nothing could be more perfect. Students were required to make diagnoses, to prescribe a treatment, were questioned as to their reasons, and to report the effects. He hoped credit would be given to the licensing corporations for their improvements, as they would throw suggestions aside which were not accompanied by a due amount of respect and recognition of their services.

Sir WILLIAM JENNER said that examinations could be made efficient, and ought to be made so. There was no difficulty in testing men practically in diagnosis, and if the present examiners could not do it, there must be more examiners appointed. If sixty to eighty men went up to examination in the spring, that was no argument against a practical method of examination. The greater the number of men the greater the necessity for thorough examinations.

Mr. ALEXANDER BRUCE detailed the prolonged method of practical examination pursued in North Germany. He agreed with Mr. Hawkins that due credit should be given to the licensing corporations, on whom he thought Mr. Rivington had been rather too hard. Great improvements had been made at the College of Surgeons. Medicine had been added, and now midwifery was to be required.

Mr. BRODHURST also spoke of the German system, and agreed with Mr. Rivington that much remained to be done.

Mr. BRUCE having seconded the motion, it was put to the meeting, and carried *nem. con.*

ROYAL VICTORIA DISPENSARY, NORTHAMPTON.—At the annual meeting of this institution, held Feb. 26th, the Rev. Sydney Gedge in the chair, the statement of accounts for the year 1868 was read. It appeared that the total receipts from the free members, who were chiefly artisans and labourers, amounted for the year to £1648 2*s.* 10*d.* After defraying the costs of drugs, and all other expenses, there remained a clear balance of the Free Members Fund of £1296 18*s.* 11*d.*, which was divided amongst the medical officers in the following manner:—To Dr. Barr, £527 0*s.* 3*d.*; Mr. Moxon, £467 18*s.*; Mr. Evans, £302 0*s.* 8*d.* These amounts considerably exceed what has been paid in any former year.

THE LANCET.

LONDON: SATURDAY, MARCH 27, 1869.

THE authorities of Liverpool have the great social and sanitary problems to solve which arise in a huge population living on a more limited area than the inhabitants of any other large town. They have to fight against poverty, overcrowding, intemperance, improvidence, and all the evils which beget and intensify disease. Accordingly, we always read with extreme interest the annual report of the fight which is given by their able medical officer, Dr. TRENCH. Time was, and this not long ago, when the mortality of Liverpool was, if not a national scandal, at least a discredit. But, a few years ago, the Town Council instituted a searching inquiry into the causes of it, physical and moral; and since that inquiry, and the application of sanitary measures resulting from it, there has been a steady improvement in the health of this town, including, as it does, a greater amount of "pauperism, of Irish immigration, and of unskilled labour" than any other town. The improvement is shown, not only by the fall in the general rate of mortality of the population, but by the diminution in the rate of mortality from special causes which more particularly indicate the unhealthiness of places. The mortality in 1868 was less than the average mortality in the previous ten years by 3·1 per 1000, and less than in the year 1867 by a rate equal to 0·3 per 1000 of the population, notwithstanding that the excessive heat and dryness of the year 1868 caused an unusual amount of sickness amongst that most mortal part of a community—the infantile portion. Though, as we have already indicated, there is a much larger population to an acre in Liverpool than in any other town, the mortality of Liverpool is now exceeded by that of Manchester, Salford, Glasgow, and Bradford.

Not only was the general rate of mortality of Liverpool in 1868 less than it used to be, but the deaths from zymotic diseases, though still three per cent. in excess of the proportional rate of mortality from zymotic causes throughout the country, was 1·8 per cent. less than the average of the preceding decennial period for the borough of Liverpool. And this notwithstanding the extreme prevalence of infantile diarrhœa, and of typhoid, especially in the months of August, September, and October. There has not been such an outbreak of typhoid in Liverpool since 1844, and, as then, its chief victims were the young and adolescent members of families in easy circumstances. It is to be regretted that in Dr. TRENCH'S Report there is not a clear separation of the different forms of continued fever. In a place like Liverpool, where the opportunities of studying fever are so terribly good, it might be expected that the diagnosis of them would be unusually accurate, especially in well-marked and fatal cases. We should have typhus, typhoid, and infantile remittent separated; or, if infantile remittent be considered a form of typhoid, then we should have no confusion of typhoid and typhus. We need not further impress the importance of care in this matter on the profession in Liverpool. We gather from the Report that of 841 deaths from "typhus and infantile remittent" (to use Dr. TRENCH'S heading), about 205 deaths were due to typhoid, and 475 to typhus. In the remaining cases the diagnosis was less clear. Dr. TRENCH attributes the typhoid to emanations from filth, or decomposing animal matter, and points out that it indicates much more culpability on the part of sanitary authorities than typhus does.

The most excessively fatal epidemic was that of diarrhœa, which caused 1108 of the 14,538 deaths, being 312 in excess of the corrected averages of the previous ten years. It was most fatal to children, and in the third quarter of the year. Whether this disease depends on the effect of a high temperature merely on the body itself, or on the emanations produced by heat and defective rain, from filth and the organic substances which accumulate in and about the dwellings of the uncleanly poor, it is undoubtedly a valuable—Dr. TRENCH says the very best—test of the sanitary condition of a town.

The mortality from measles was 488, or 64 in excess of the corrected averages; from scarlatina 456, or 234 less than the averages; from whooping-cough 517, or 58 less than these. Only 18 deaths resulted from small-pox.

Another favourable feature in this Report which we are glad to notice is this, that the number of paupers in receipt of relief on December 26th (16,634) was less by 230 than in June, and 4575 less than at the end of 1867! Dr. TRENCH seems puzzled somewhat with these statements, but we must be thankful for them.

The Report shows a continuance of the sanitary precautions, which must be regarded as amongst the principal causes of the improved health of Liverpool, especially a vigilant eye upon lodging-houses and infectious diseases occurring in them; the conversion of privies into water-closets; the demolition of houses incurably defective in themselves, or interfering with the ventilation of courts and alleys; and the erection of workmen's dwellings. In his present Report Dr. TRENCH says that under the Liverpool Sanitary Amendment Act, 1864, which we have before explained, the grand jury of the Quarter Sessions have directed the demolition of 73 houses, which will improve the ventilation and sanitary condition of 402 houses, at a cost of £4445.

While we congratulate the authorities of Liverpool on the measure of their success in abating their frightful mortality, we would still urge them to continued energy and vigilance, for they have habitually amongst them in great strength the causes which have made Liverpool badly notorious. Though, to their great credit, not one lodger has died from fever or any infectious disease in a registered lodging-house last year, they have typhus always in force in Liverpool, and the mortality last year from zymotic causes was 3944, against 2175 from the tubercular class—a sure proof of the existence of unhealthy conditions to a large extent preventable. There is another proof still in the high infantile mortality. Fifty per cent. of the deaths occurred under the fifth year of life, and "every fourth

child born within the borough of Liverpool died before attaining the age of twelve months." If the authorities can abolish typhus—confessedly less under their control than typhoid,—if they can increase the security of infantile life, they will have solved two of the most depressing problems in social and sanitary science.

FEW points of experimental physiology would appear to be more easy to determine than the relative temperature of the blood in the right and left sides of the heart; nevertheless, it is one respecting which there is great discrepancy of opinion; and we find M. LOMBARD, in a recent paper contained in Dr. BROWN-SÉQUARD'S "Archives of Physiology," adding another to the various views on this point that have from time to time been propounded. *Primâ facie* it might reasonably be concluded that the temperature of the blood in the left ventricle is lower than that in the right, because, in traversing the capillaries of the lungs, the blood has been subjected to the cooling influence alike of evaporation of watery vapour and of contact with a large body of air. In accordance with this, we find that M. BERNARD, in his experiments on sheep and dogs, observed an actual difference of one-third of a degree centigrade between the two sides, and in favour of the right; and HERING, in a remarkable case of ectopia cordis in a calf, ascertained that the temperature of the right side was 1·5° higher than that of the left. Mr. SAVORY, on the other hand, in a short paper published some years ago, and more recently M. COLIN, arrived at different results, and convinced themselves that the blood in the left ventricle is usually, if not always, warmer than in the right, and at any rate showed that M. BERNARD'S conclusions were neither absolute for all animals nor constant for the same species. M. LOMBARD very pertinently points out that the mode in which the elimination of water from the system is effected must exert considerable influence on the result; for whilst, in dogs and sheep, a large proportion of water is discharged by the lungs, in man and some other animals this function to a great extent devolves upon the skin. In a series of experiments which M. LOMBARD undertook, with the aid of a thermo-electric apparatus capable of registering 1-2000th of a degree centigrade, air containing various amounts of aqueous vapour and at different temperatures was breathed, and at the same time the temperature of the blood coursing through the radial artery was carefully ascertained by placing the instrument in close contact with the superjacent skin. M. LOMBARD argued that if, under ordinary circumstances, a certain amount of refrigeration of the blood took place during its transit through the lungs, the respiration of air raised to a temperature of 98° to 100° F., and saturated with aqueous vapour, should, by removing the causes of cooling, induce an elevation of the temperature of the blood to a corresponding extent; and although it is easily capable of proof, on physical principles, that the elevation of the temperature of the blood in the arteries would not be directly proportional to that in the left ventricle, still some evidence of an increase should be obtained. The results of careful experiment, however, showed that under these circumstances there was either no increase, or it was scarcely appreciable; or, in other words, that whether we breathe hot and dry or moist and cold air, no effect is observable on the temperature of the blood. He shows moreover, by calculation, that the refrigerating influences are really extremely small in the effect they produce, the depression of temperature of the whole mass of blood by the evaporation of the quantity of water known to be discharged by the lungs not exceeding 1·13° c. in an hour; or, taking into account the total quantity of blood which traverses the lungs in that period, only one-twentieth of a degree centigrade; whilst even a part of this must be deducted, since the blood permeating the tissues of the nose, mouth, fauces, and trachea, from all of which surfaces water evaporates, returns not to the left but to the right ventricle, and would therefore exert a cooling influence on the contents of that side of the heart. And again, the quantity of heat lost in three minutes (the space of time required for a complete revolution of the circulation) by the blood from contact with the air would certainly not cool the whole mass of the blood, reckoned at twenty-two pounds, more than one-fiftieth of a degree centigrade. Hence M. LOMBARD concludes that in animals in which the skin takes an active part in the elimination of water, the blood, in traversing the lungs, ordinarily experiences little or no refrigeration.

In commenting upon M. LOMBARD'S observations, Dr. BROWN-SÉQUARD remarks that we are brought face to face with the following dilemma:—Either the refrigeration of the blood, when we respire dry and cold air, is so small that it is unable to exert any influence on the thermo-electric apparatus when it is placed on the radial artery, or else more heat is produced in the lungs and in arterial blood when the respired air is cold than when it is warm, in such fashion that there is in the respiration of cold air a compensatory influence to the refrigerating agency that would then be exerted. There can be no doubt, and indeed it is generally admitted by physiologists, that the absorption by, and chemical union of oxygen with, the blood in the lungs should produce a certain amount of heat; and, further, it is clear that, at a low temperature, more oxygen would be thus absorbed on account of the greater density of the air, and it is possible we may thus obtain a kind of compensatory power by which the even temperature of the blood is effectually maintained.

THE address with which Dr. FROUDE, the distinguished historian, inaugurated his tenure of office as Lord Rector of St. Andrews University, was in all respects worthy of the man and of the occasion. The combination of reasoning, at once comprehensive and profound, with pictorial effects equally vivid and truthful, was more conspicuous in this latest effort of Dr. FROUDE than in the most successful of his previous ones. His remarks on education were, particularly at the present juncture, both pertinent and striking. The views which he expressed on university culture, if not quite original, derived peculiar effect from the light in which they were exhibited. We have often urged the doctrine conveyed in these sentences, and we are glad to find them confirmed by a scholar so distinguished:—

"A professional education cannot be completed at a uni-

versity; but it is true that with every profession there is a theoretic or scientific groundwork which can be learned nowhere so well, and, if those precious years are wasted on what is useless, will never be learned properly at all. You are going to be a lawyer?—you must learn Latin, for you cannot understand the laws of Scotland without it; but if you must learn another language, Norman French will be more useful to you than Greek, and the Acts of Parliament of Scotland more important reading than Livy or Thucydides. Are you to be a doctor?—you must learn Latin too; but neither Thucydides nor the Acts of Parliament will be of use to you: you must learn chemistry; and if you intend hereafter to keep on a level with your science, you must learn modern French and German, and learn them thoroughly well, for mistakes in your work are dangerous."

If those words are true for the lawyer, they are much more so for the medical man. Law, at least in its principles, is stationary. Speculation as affecting its practice is discountenanced. If we refer to its foundations, we go not to HEGEL on the Philosophy of Right, but to the Pandects of JUSTINIAN. But of all the sciences on which a liberal profession is based, that of Medicine can alone be called progressive. With the advance of chemistry, anatomy, and physiology, therapeutics must alter its principles. The tripod on which rests the art of the practitioner shifts so constantly that he must modify his attitude in sympathy with it, otherwise he falls to the ground. He cannot therefore begin the study of those three sciences too soon, if he would master them so thoroughly as to comprehend and appreciate with the necessary rapidity the changes that are almost daily coming over them. So studied, they form that mental discipline which strengthens the reasoning power and perfects it as a guide through the flux of phenomena; thus constituting within themselves a culture as complete as the boasted "curriculum" which according to ancient and mediæval notions could alone fit a man for a professional career. Dr. FROUDE spoke from an exceptionally competent experience when he urged the necessity of altering our university system in accordance with modern ideas—an experience which enables him to appreciate all that is most vital in the new and all that is worthiest of retention in the old.

FROM some recent publications that have fallen in our way, and that seem intended to impose upon the credulity of the public by a semblance of medical reasoning, we infer that an attempt is being made to galvanise the corpse of homœopathy. That strange delusion, after affording for some years a rich harvest to those who professed to expound its mysteries, has long ceased to have any real existence.

It is seldom that two generations can be duped by the same trick; but still, we think, our readers should be upon their guard. And there are one or two specious pleas urged in favour of homœopathy,—pleas which incautious doctors are rather apt to admit, but which, we think, may be and ought to be refuted. Thus it is said that we have learnt from homœopathists to study the natural history of disease, and that we have also learnt from them to lay aside the excessive use of drugs.

In both these matters, we think the right view is, that the system of homœopathy was merely coincident with the tendencies of science,—a sort of abortive birth from the womb of time. Growth in knowledge comes only when the minds of inquirers are ripe for it; and the ripeness of sound minds is likely enough to be coincident with the extravagances of feeble ones. The nonsense that was talked and written by mesmerists was most blatant at the time when philosophers were laying the foundations of our present and future knowledge of the nervous system; and the nonsense talked by homœopathists was in like manner coincident with the beginning of a new era in therapeutical inquiry. In both cases the pretensions of the sham sciences overshadowed at first the claims of the real, because the professors of the former were not troubled by any care about accuracy or about depth, and because they appealed to an audience who, with every curiosity to know what was said, had no curiosity whatever to know what was true.

We would strongly urge upon our readers, therefore, if their experience should bring them into contact with any evidences of the sham revival of homœopathy, to hold no truce with it. Its claims, its doctrines, and the practices of its professed followers, are alike eminently and distinctively opposed to truth; and truth, in regard to medicine, is at once the stepping-stone to all excellence, and the goal of all ambition.

Medical Annotations.

"Ne quid nimis."

KING'S COLLEGE, LONDON.

KING'S COLLEGE, medically speaking, has not been so fortunate of late years as its well-wishers, among whom we rank, could have desired; and at the present juncture a word of advice, *ab extra*, may possibly assist its Council to avoid committing another of those mistakes which have so unfortunately alienated the mass of its former students. That a vacancy among the assistant-physicians should recur within nine months is no surprise to those who know all the circumstances of the case; and we can only rejoice that its sudden announcement should have put an end to a little job which had been hatching for some time, but to which we need now make no further allusion. The Council has now to fill the vacancy thus created; and, having driven all the senior King's College men away, must of necessity fall back upon the two youngest members of its teaching staff, who are now competitors for the post. May we suggest that *both* these gentlemen are worthy of office, and that it would be only right to relieve each of the assistant-physicians at King's College Hospital of one day's hard work, by appointing three officers with two days each, instead of two officers with three days each.

The vacancy in the Chair of Physiology, caused by Dr. Beale's resignation, is a much more important matter. We give Dr. Beale credit for resigning his chair at an early age, and, contrasted with some of his colleagues, after a comparatively brief tenure of office. Fifteen years' occupation of a chair ought to be sufficient for any teacher who has other professional duties to attend to; and very few lecturers fail, after that period, to fall into the snare of useless repetitions, to the loss of their own dignity, and the demoralisation of their class. Our object is, however, rather to call attention to the fact that Dr. Beale, following the example of his predecessors, was not only Professor of Physiology, but of Morbid Anatomy also. To his credit be it said that

he so far surpassed his predecessors as to give a brief summer course of two lectures a week on Morbid Anatomy, whereas they neglected the subject altogether; but then, on the other hand, it must be recollected that our knowledge of morbid anatomy and pathology has been making giant strides of late, with which our students ought to keep pace.

If we turn to other great schools, we find the teaching of morbid anatomy and pathology systematically undertaken. Thus, at Guy's and St. George's, for example, successive teachers have earned no mean reputations, and have done much to advance science by their original labours. To University College, however, is due the credit of having first appointed a Professor of Morbid Anatomy, Sir Robert Carswell having been elected to the chair as far back as 1835. From his time a series of names illustrious in pathological science has succeeded — Walshe, Jenner, Wilson Fox, and Bastian,—to which the rival College has no analogous list to produce. We are far from wishing to decry Dr. Beale's labours in the same field, but we maintain that pathological anatomy is deserving of recognition as a separate and distinct subject, and that no labour by constantly-changing curators of a museum can compensate for a full and systematic course of instruction by a professor, combined with a constant supervision of the post-mortem room by that officer.

SPECIAL VERSUS GENERAL.

THE discussion on this question by the M.C.B.A., which we are unable to give in detail, brought into the field the officers of the two institutions—the Hospital for Diseases of the Throat and St. Peter's Hospital — against which professional opinion has been more particularly directed. We fail to see that Dr. Morell Mackenzie, or Messrs. Walter Coulson and Teevan, improved their positions by their speeches, notwithstanding their ability. Each of these gentlemen was connected with a general hospital before he became connected with a special institution, and two of them were content to throw aside all chance of promotion in the larger institutions rather than sever their connexion with their own especial nursling.

There can be no plea that these gentlemen were in danger of being suppressed, and their talents hid for want of opportunity for displaying them. But we are next met with the statement that "the public will have these hospitals." As in the "Rejected Addresses," we must then, we suppose, address the public in Coleridgian metre, "My pensive public, wherefore look you sad?" and the answer will be, "Because we are denied special hospitals!" Now the frantic appeals which appear so constantly in our daily papers, asking for the support of an apparently non-appreciative public, would go to show that public serenity would not have been greatly disturbed had certain institutions never been founded. Some hospitals have so thoroughly outlived their founders, that it is almost forgotten by the present generation how they came to be instituted; but their history is for the most part that of their modern imitators,—they were the result of the exertions of one or two energetic young men who, having taken up a specialty, wanted a field in which to display it. The Royal Ophthalmic Hospital was started by Messrs. Lawrence and Tyrrell and Dr. Farre; the Westminster Ophthalmic Hospital was entirely the offspring of Mr. Guthrie; the Hospital for Skin Diseases was founded by Mr. Startin; that for Piles and Fistula by Mr. Salmon; the Royal Orthopædic Hospital by Dr. Little and Mr. Tamplin. Instances might be multiplied of late years *ad nauseam*, but we prefer to confine our remarks to a few leading examples. When an institution is once set going, it is seldom indeed that the British public allows it to fall through, be its merits what they may, and we have little hope, therefore, of reducing the number of special institutions. It is for the general hospitals, and particularly those which have medical schools attached, to endeavour to show that their special departments so fully take the place of special hospitals, as places both for teaching and relieving, that the latter institutions are no longer necessary.

COMPENSATION FOR RAILWAY INJURY.

AT the Manchester Assizes last week, in the case of Sagar *v.* the Lancashire and Yorkshire Railway Company, the plaintiff recovered the large sum of £4000 as compensation for injuries alleged to have been sustained in an accident which occurred on the defendant's line, near Radcliffe-bridge, in August, 1865. As not unusually happens in such cases, the medical evidence appears to have been conflicting. The plaintiff, who was a machine manufacturer at Burnley, was brought into Court upon a couch. Amongst the witnesses called by the Company was Sir Wm. Fergusson, who had examined the plaintiff thoroughly, and believed that he was suffering principally from rheumatic inflammation of the shoulder-joint, and who saw nothing in the history of the case or the symptoms to connect them with the accident. The litigants do not appear to have availed themselves of the clause in the recent Railway Act which allows of the appointment by the Judge of a medical practitioner to act as assessor. Indeed, this permissive enactment seems likely to fall a dead letter; it has very rarely been acted upon. One reason of this is very obvious—viz., the difficulty of finding a medical expert whose opinion is sufficiently respected, in order to outweigh that of the eminent authorities who are usually to be found on one side or the other in such cases. A stronger reason, however, is that each of the lawyers engaged naturally shrinks from invoking a *deus ex machinâ* who might give an opinion adverse to his cause.

THE NEWCASTLE-UPON-TYNE INFIRMARY.

THE House Committee have issued their Report on the improvements required to increase the efficiency of this infirmary; and in the form of an appendix they have published various reports of the Medical Board, upon which the chief recommendations of the Committee are based. The whole Report is to be considered at the Anniversary Court on the 1st of April. The principal recommendations are: that the present excellent matron, Miss Cooke, be appointed Lady Superintendent of the house, with direct supervision of the nursing department, and indirect control, through a housekeeper, over the domestic management; that two assistant-surgeons be added to the medical staff, to be elected by the Governors, to take charge of out-patients, and of in-patients when the surgeons are unable to be present; that there be two house-surgeons, to be elected for a year, and re-eligible for a similar period; that there be two clinical clerks, and four resident dressers; that the number of nurses be increased; that the term of office of the honorary staff, now fifteen years, be extended to life, or rather to the age of sixty. On the whole, there would seem to be a good understanding between the Medical Board and the House Committee; and it may be expected therefore that the meeting of the 1st of April will further the restoration of a good feeling among all parties connected with this useful and important infirmary. Two or three of the recommendations seem to us open to much criticism. Principally that one of the Medical Board which would extend the tenure of honorary offices through life, or up to sixty years. This is a monopoly of high and

honourable offices which seems to us neither fair to the medical profession, nor advantageous to the public or the patients of the infirmary. These offices bring reputation and practice with them; and as the calls of private practice become urgent and lucrative, the duties of a public institution are apt to be neglected. And it is distinctly for the benefit of the public of large towns that these offices should be held by a number of men, so that the number of highly skilled physicians and surgeons may be multiplied. It is the last objection to this life-long or sexagenarian monopoly, but not the least, that it operates most unfairly towards younger men in the profession, who only need the opportunity to become good physicians and surgeons, and who have leisure and energy, in the earlier years of their practice, to give to the inmates of public institutions. The rule which limits the term of office of house-surgeon to one year is as faulty in one direction as the rule which extends the tenure of honorary offices to life is in another. The officer has scarcely time to acquire either skill or authority.

There are a few isolated sentences in the Report of the Medical Board which we would notice. At page 13, the keeping of clinical case-books is characterised as among "the least important duties of clinical clerks." We must entirely demur to this estimate of the value of case-books. One conspicuous defect in all the discussions of the state of this infirmary is the absence of particular information of the nature of cases, and the vagueness of general statements. The last point we shall notice is that, in assigning the duties of clinical clerks and resident dressers, the dressers are to be responsible for dressing wounds, for assisting at operations and at *post-mortem inspections*. We should object most strongly to dressers having anything to do with post-mortem examinations. In the opinion of some eminent surgeons, this is a fruitful source of mischief in hospitals.

THE MEDICAL SERVICES.

OUR contemporary the *Army and Navy Gazette*, in an article dealing with the details of the Army Estimates, draws attention to vote 18, headed "Administration of the Army." It points out that the Solicitor to the War Office gets £1500, and an assistant-solicitor £1000 per annum; while, on the other hand, the Director-General of the Army Medical Department gets £1500, the Director of Ordnance £1200, and the Directors of Clothing and Contracts £1000 and £1500 respectively. The number of clerks in the different War-office departments amounts to 436, instead of 432 as last year; so that we mend our quills and increase our clerks by way of economising. Our contemporary likewise inquires when Dr. Sutherland's salary is to terminate. We may direct our readers' attention to a communication in another column on the subject of this appointment. It certainly appears to us, as our correspondent urges, one of those curious anomalies which are only to be met with in our system of government, that responsibility and power should be located in different persons and places. The question has been raised again and again in Parliament, why the War Office requires a separate sanitary adviser distinct from the Army Medical Department, with the head of which must, after all, rest the actual responsibility of advising the authorities in all matters affecting the health of the army. It is this system of supplementing the responsible men by calling in the aid of some civilian or other that impairs the efficient working of the medical services, and tends to induce in their members a lack of interest in the subjects which fall within their province. If the governors of University College Hospital were to call in the aid of the medical staff of King's College Hospital, without reference to their own officers, the latter would unquestionably feel that the governors had no confidence in their ability or honesty, and they would probably resent the slight by resigning in a body. And yet this is exactly what has been done in regard to the navy, and what the appointment of a separate adviser at the War Office means. The Commission on the naval service had to gather all their information of the hospital administration from naval medical officers, whose opinions it could override or assimilate as their own. In either case this involves an injustice to those officers. There is even much more to be urged against such a system than what we have stated; but we are content to affirm that if the authorities always manifest a lack of confidence in their own officers, they must expect to see such conduct justified. If medical officers were paid handsomely, however much they might dislike such a position, they might be content to pocket their feelings with their "siller"; but they are very indifferently paid. Take the case of the Director-General of the Army. It is the highest post to which a medical officer can aspire; but the number, difficulty, and responsibility of his duties far exceed those imposed upon hospital physicians or surgeons, and how many of these are obtaining incomes exceeding £1500 per annum.

SUPERANNUATION OF IRISH POOR-LAW MEDICAL OFFICERS.

IT is with great pleasure we back up the recommendation of Dr. Rogers, that the English Poor-law medical officers should use their very best influence in favour of the Irish Poor-law Medical Officers' Superannuation Bill introduced by Dr. Brady, by writing to the various members of Parliament with whom they happen to be acquainted. There is probably no body of men to whom the public owe more than to the Poor-law medical officers of Ireland. Every second practitioner in Ireland is a member of the Poor-law staff, and the maintenance of health in the country districts is absolutely dependent upon their talents and unwearied industry. They have in the healthiest seasons an average of more than fifty patients each constantly on hand, many of them being scattered over a wide extent of country. During the late epidemic of fever, it is estimated that ten per cent. of the medical men of Ireland perished, and no doubt hundreds of others were more or less incapacitated for work. The Irish Poor-law staff has not only reduced the deaths from fever, but has almost annihilated small-pox. Between 1841 and 1851, 38,275 persons died of this disease; and during the ten years following, the deaths were only 12,727. In 1864 the deaths were 854; in 1865, 347; in 1866, 187; and in 1867, 20. We conceive no other staff in the world can show so high a claim to public consideration. Although his whole time is not officially devoted to the public service, the Irish Poor-law medical officer is nevertheless at the beck of masters whose name is legion; and woe betide him if he neglect the red visiting ticket, not inappropriately called a "scarlet-runner," whether it be presented by day or night, week-day or holiday. In fact, we know no officer who is more constantly or more permanently employed. But superannuation is equally necessary in the interests of the sick poor. Dr. John Macdonnell, Poor-law Commissioner, has lately stated his decided opinion that the "power to pension medical officers, when past work, would be both just to them and a great blessing to the sick poor." Officers who have spent their best days in the service of the guardians and the poor are often obliged to cling to their posts because they have no other means by which to support their families. And boards of guardians are unwilling to act unkindly towards a faithful servant whom they would, by dismissal, turn out to starve.

The consequence is that one who is deaf and blind from age is permitted to linger on in office long after he should have been put upon the shelf. We hope the Legislature will see both the justice and propriety of Dr. Brady's Bill, and that the whole professional interest of the country will be enlisted in its favour. We would venture to suggest the adoption of numerous petitions, both from the medical officers of Poor-law and other professional Associations, as we are of opinion that they exercise far more influence upon the House of Commons than is generally believed.

BREAD-MAKING.

WHEN meat is soaked for a long time in water, it loses its nutritive salts—the phosphates; and when corn is ground into flour, it loses its bran, which contains an amount of phosphates of lime and magnesia nearly three times larger than does wheat-flour. The famine in East Prussia, about eighteen months ago, led Baron Liebig to investigate the question of bread-making, the results of which he has published. We are indebted to a recent number of the *Chemists' and Druggists' Advocate* for the facts. In Baron Liebig's opinion, the trade of the baker is the only one which has not been touched by progress in the course of thousands of years. We eat to-day the leavened bread mentioned in the Bible, and described by Pliny, the flour being different, but, from a physiological point of view, not better. We have ourselves long been of opinion that a vast saving would be effected if families would buy corn instead of flour, and grind it for themselves in a mill; and we believe that an attempt will soon be made to introduce some machine for the purpose. The simplest way of obtaining the full value of wheat is simply to grind the corn and bake it; but neither the persuasions of chemists nor the considerations of economy are capable of making people eat what they do not like—and they do not like brown or black bread. The nutritive value of flour is said to be at least 12 or 15 per cent. less than that of corn; but as people object to the presence of the bran, an attempt has been made to restore the nutritive value of corn by adding the phosphates simply to the flour.

A bread powder has been made by Professor Horsford, of Cambridge, North America, which, according to Liebig, makes a first-class bread of agreeable taste. This bread powder consists of two preparations: the one contains the phosphates, the other bicarbonate of soda. These are mixed with the flour, water is added to make the dough, and the loaves are baked. The carbonic acid is displaced by the phosphoric during the process, the bubbles of which make the bread porous. The two chief advantages are that the bran still contains the phosphates of the corn, and no loss of flour takes place by fermentation caused by the use of leaven or yeast.

CLINICAL INSTRUCTION.

THE discussion at the last meeting of the Medical Teachers' Association was entirely devoted to the question of clinical instruction. This was incidentally discussed in considering the report of the Association on medical teaching, but it was thought desirable to make more definite recommendations on the subject. We must refer our readers to the report of the meeting on another page for the full details of the discussion, and can only regret that so few practical teachers of clinical medicine and surgery should have spoken on the occasion. The fact is that the qualities required for a good clinical teacher are not necessarily those which secure for a man a post as physician or surgeon to an hospital. It would be easy to reckon on the fingers the names of the real clinical teachers of London at the present moment, and it might surprise many members of the profession were we to do so. The great fault of clinical teaching, as usually carried out, is that it is not sufficiently personal and interrogative. It is all very well for the physician to auscultate a case and say what he hears and diagnoses for the benefit of the class; but a much more useful, though infinitely more laborious, course would be to ascertain from members of the class what they heard and diagnosed in any given case, with a view to the discussion and correction of their view. In the same way, although a surgeon must of necessity make up his own mind as to the nature of any tumour and the advisability of interfering with it, it would make a lasting impression upon the class were he to submit the patient to them and take their views—not necessarily, of course, in the hearing of the patient. A clinical lecture given after an important operation, when all doubts have been cleared up and all difficulties overcome, has not half the weight which this species of bedside consultation would have on the minds of the pupils. Want of leisure, which is occasionally pleaded as an excuse for shortcomings, is too often, in reality, a want of inclination. Very few of our hospital teachers are so fully occupied that they cannot devote an hour twice or thrice a week to *bond-fide* clinical *drudgery* (for such it must be); and if their time is really so much taken up by more profitable duties, the remedy lies in their own hands.

MEDICAL WITNESSES IN COURTS OF LAW.

WE recently commented upon the rejection, by the judge of the Cheltenham County Court, of a medical certificate, under which Mr. Sims Reeves endeavoured to excuse himself from appearing as a witness. A new trial was moved for and obtained; and on the 19th instant Mr. Reeves appeared. Dr. Rumsey, of Cheltenham, was also called as a witness, to testify to Mr. Reeves' inability to fulfil the engagement out of the breach of which the litigation first arose; and we refer to the case in order to call the attention of practitioners less skilled in such matters to the manner in which Dr. Rumsey's evidence was given, and the events to which it was confined. We read in the *Cheltenham Times* that Mr. Montagu Williams called

"Dr. Rumsey, who said: I am a Doctor of Medicine of the University of Dublin, and Fellow of the College of Surgeons. I was called in to see Mr. Sims Reeves at the Plough Hotel between three and four o'clock on the afternoon of the 17th of December last. I must ask you to allow me to refer to my notes of the case. He complained of cough, hoarseness, weakness of voice, indigestion, and general debility. I found his throat looking red, relaxed, and congested—that is, the minute bloodvessels were enlarged or distended. I found want of tone in the action of the heart. He assured me that he was unable to use his voice. I prescribed remedies which I hoped might afford relief, and left directions with Mr. Smith, who was good enough to apply the remedies. I advised him not to sing unless he found his voice return.

"By Mr. Gough: I am unable to say whether he could sing—it is a matter of opinion. I cannot say positively whether this complaint had been coming on long.

"Mr. Gough: I must have an answer to that question.

"Dr. Rumsey: I decline to give any opinion as to how long it had been coming on. I believe I formed no opinion as to the length of time.

"Mr. Gough: From the state of his health do you think those symptoms came on in a day, or might have been coming on two or three days?

"Mr. Montagu Williams: I think Dr. Rumsey has answered that question by telling you that he formed no opinion as to the length of time the disorder had been coming on.

"Dr. Rumsey: The symptoms might have appeared on that day, or they might have been the growth of two or three days. When I saw him I was very doubtful whether he would be able to sing or not. I advised remedies which I hoped would have the effect of enabling him. I was not informed that they did not have the desired effect until

between eleven and twelve o'clock the next morning, when I found him much better in every respect.

"Mr. Gough: Was Mr. Reeves suffering from nervousness?

"Dr. Rumsey: There was considerable nervous debility.

"Mr. Gough: If a person gives way to nervous feeling, would that tend to increase a complaint such as this.

"Dr. Rumsey: That is a question which any sensible man, even though he be not a physician, might answer.

"Mr. Gough: What is your opinion as a sensible man?

"Dr. Rumsey: I am here to give evidence as to facts, not to state opinions.

"The Judge informed Dr. Rumsey that he was called as a scientific witness, and should esteem it a compliment in being asked to give an opinion—that was his position.

"Dr. Rumsey: I know my position."

It is not pleasant to be snubbed at the head of one's own regiment; and so we cannot but feel a little sorry for the unfortunate Judge, whose modest assurance led him to volunteer instruction to Dr. Rumsey on the "position" of a medical witness. There is something exquisitely ludicrous also in the suggestion that it was a "compliment" to Dr. Rumsey to have his opinion asked by Mr. Gough. But the point of importance is that Dr. Rumsey, whom we may safely call the highest authority on such a question, has declared in court that his subpœna did not require him to state opinions. Medical practitioners who are so unfortunate as to be mixed up with the parties to a lawsuit cannot too well remember that any evidence they give may, if it so please them, be strictly limited to a narrative of facts observed.

THE PROVIDENT DISPENSARY FOR PLYMOUTH.

THE success which has attended the establishment of a Provident Dispensary at Devonport has led to the attempted formation of a similar institution in Plymouth. But it is with some regret that we notice personal disagreement amongst its promoters, so strong as almost to jeopardise the success of the movement. A preliminary meeting was held at the Athenæum on the 9th inst., when it was decided that the projected institution should be independent of others in the town, and a committee was appointed to frame a series of rules to be submitted to a second meeting. Meanwhile, objection was taken by some members of the profession to their exclusion from active participation in the project, and the result was its abandonment by the initiators and the commencement of a new scheme. At a public meeting called on the 19th inst., after much disagreement, an executive committee, composed of four lay and four medical members, was appointed; and we trust that it will be successful in securing the early establishment of a dispensary such as that proposed at the outset by Dr. Hingston and those who were acting immediately with him. At the close of the meeting, a document signed by eighteen medical men who were present was handed to the Mayor, who presided, expressing an opinion that the patients of any dispensary that might be formed should be free to choose their own medical man from amongst those in the town who were willing to attend them. This is a principle which we cordially endorse; the practice has worked well in many instances.

The *Western Morning News* makes some admirable remarks in reference to the value of Provident Dispensaries, advocating their establishment in greater numbers. Our contemporary observes that "it is very desirable that a spirit of independence should be fostered, that the Provident Dispensary should be known as conferring a right as well as a privilege on its members, and that belonging to it should be deemed an honourable evidence of prudential foresight, and of a desire to be above mere charity. This reason, were there no other, would render it desirable that the Provident Dispensary should be unconnected with any purely charitable organisation. It will be a charity, inasmuch as the benefits conferred will be much greater than the remuneration given; but it will not be a charity for distributing eleemosynary relief, for the benefits received will be paid for according to the means of the recipient. There can be no jealousy on the part of the institutions of the town, and there ought to be none on the part of individual practitioners."

The dispensary at Devonport now has between 2000 and 3000 members on its books. During the past nine months about £80 has been divided amongst the medical men, after paying £70 or £80 to the hospital and for other expenses. We hope that the medical men of Plymouth will not be wanting in unanimity on the present occasion.

THE CHAIR OF CHEMISTRY IN EDINBURGH UNIVERSITY.

AMONG the several candidates for this important chair, the contest appears to lie between Dr. A. Crum Brown and Professor Anderson of Glasgow. All the gentlemen in the field are more than respectable as to their qualifications; but the two just named stand clearly pre-eminent. Both have made novel and valuable contributions to the science of chemistry; both have given proof of unusual skill in instruction; and, so far, the choice would seem to lie indifferently between either. But Dr. Crum Brown is the much more accomplished *savant* of the two,—accomplished not only in the sphere of mathematics and physics, but in that of medicine proper. Without in the least undervaluing the claims of his antagonist, we should prefer to see the chair filled by one who is not only a chemist, but a physicist,—not only a physicist, but a physician.

SECONDARY EDUCATION.

A PETITION, signed by the Chancellor and the Chairman of Convocation of the University of London, has been presented to Parliament in favour of legislation in regard to secondary education. The petitioners pray, amongst other things, that the secondary education of girls may be extensively reformed and improved throughout the country. They express their satisfaction that Her Majesty's Government has introduced into Parliament a Bill on the subject of Secondary Education, giving effect to several of those recommendations of the Schools Inquiry Commission which are best adapted to remedy the existing defects in endowed Grammar Schools, and generally to improve the secondary education of the country; and hope that the said Bill may, in its main provisions, be allowed to pass into law in the course of the present session.

DUBLIN SANITARY REPORT.

THE Annual Report of Dr. Mapother, medical officer of health for the City of Dublin, shows that, so far as the registered death-rate affords any criterion, the relative position of the Irish capital to that of the other chief cities and towns of the kingdom on the scale of mortality gradations was last year very satisfactory; and Dr. Mapother ascribes this gratifying result to the sanitary improvements which have been effected in accordance with powers granted by recent Acts. To what extent the death-registration in Dublin is defective Dr. Mapother does not indicate, although the effect of this disturbing element can hardly be ignored in a comparison of death-rates. We are glad to notice a marked decrease in the prevalence and fatality of fever; the deaths from that cause having been 492 in 1865, 480 in 1866, 309 in 1867, and 256 in 1868. The ratio of cases re-

ceived into the Hardwicke and Cork-street Fever Hospitals per 10,000 of the population in the same years was 127, 99, 72, and 49 respectively. Measures are taken to find out houses where fever has occurred, and "if the contagion has been unusually virulent, as shown by the spread of the disease, a person is employed to disinfect the rooms with chlorine gas." A hot-air chamber for the purification of clothes and bedding in fever cases has been provided, but Dr. Mapother urges the necessity for the co-operation of the authorities of the Fever Hospitals with the sanitary officers to render the disinfecting chamber thoroughly effectual in suppressing contagion. The provision of a carriage for the conveyance of fever patients to the hospitals and their clothes to the disinfecting chamber is recommended, and ought certainly to be made. Small-pox, Dr. Mapother says, has been almost wholly eradicated, no death having been caused by it in 1868, and only one in 1867: this may truly be called a victory achieved by preventive measures, and an undoubted testimony to the value of compulsory vaccination. Scarlatina was extensively fatal last year: there has been a progressive increase in the deaths from 43 in 1865, to 199 in 1867, and 377 in 1868. Diarrhœa, chiefly among young children, was nearly twice as fatal as in the preceding year, an increase which is attributed solely to the extreme heat of last summer. Dr. Mapother remarks upon the diminished fatality of consumption, coincident with the extension of sewerage; he considers, however, that to establish clearly the relation between effect and cause in this case, "a more localised registration of disease and death, previous residence being noted, would be necessary, as likewise a survey showing the level, sewerage, and other local circumstances of every district." Open spaces—the want of all great cities,—and the provision of better dwellings, are urgently needed for the general improvement of the health of the poorer classes in Dublin. The making registration of deaths compulsory under a penalty, and a more frequent enumeration of the population, are suggested by Dr. Mapother as subjects worthy of consideration; and we may endorse both suggestions—the former for universal adoption, and the latter as being essential at any rate for every large town in the kingdom. Dr. Charles Cameron, as the City analyst, has done good service in examining samples of food and water supplied in Dublin, and by co-operating with Dr. Mapother in other sanitary matters, especially in regard to the detection of unwholesome meat.

THE AFRICAN ARMY MEDICAL STAFF.

WE have received several communications at different times complaining of what is deemed unjust action on the part of the authorities towards the medical officers serving on the African medical staff. Having endeavoured to ascertain the facts, we may say that these officers certainly appear to us to have good grounds for discontent. The facts are these:—The Royal Warrant under which most of them volunteered for the African service stated that time passed on the coast of Africa should count double towards promotion. In 1867 a new Warrant was issued, which stated that the time spent on this coast should not reckon towards promotion to the rank of surgeon-major. It was, moreover, some years ago customary for surgeons to serve only one year in Africa, and to be then transferred to a regiment in the West Indies. By the Warrant of 1867, staff surgeons are compelled to perform three tours of service in Africa. The latter rule is a cruel one; for what medical officer can hope to encounter successfully the risk to health and life of three tours of service, after having probably already served for three or four such as an assistant-surgeon? The officers that entered the service under the old Warrant ought surely to obtain the benefits conferred by it. Our mind is not made up as to how far it is advisable to reward medical men for special service of this kind by rapid promotion in the regular ranks of the department; reward, however, of some kind they most unquestionably merit, and they should reap the benefit of whatever plan the authorities devised. Everybody knows that the risk to life is great, and that the climate is abominable. We are acquainted with the case of a medical officer who, after serving five years in the navy, was tempted by the bait held out by the then existing warrant and regulations to volunteer for the African army staff, and proceed for service to the West Coast of Africa. He now finds himself deprived of the promised boons, and is actually serving his fourth tour as an assistant-surgeon; and on account of the rule compelling surgeons to remain through three tours, he cannot hope for promotion for some years to come. How anyone can expect him to get through three more tours of service in that lethal climate is really more than we can understand.

LUNACY.

A VERY able article in the new number of the *North British Review* confirms with much conclusiveness of detail and argument the answer we have always given to the question, Is lunacy on the increase? For the last thirty years a reform in the treatment of the insane has been steadily progressing—a reform which has replaced coercive by humane measures, which has removed the hesitation of friends in sending lunatics to asylums, and has therefore multiplied the population of these institutions by inmates who would in former year have been kept at home. The propriety, moreover, of putting patients into asylums in the obscure or incipient stage of their distemper is being urged by the authorities with a persistency which has also had the effect of increasing the number of registered lunatics. These causes, coupled with that which we have already specified—viz., the greater longevity of the inmates of asylums, are justly assigned by the reviewer as accounting for that apparent increase of lunacy which has hitherto found such a facile and plausible explanation in the damaging effects of our high-pressure civilisation, which sends so many of the weaker among us to the wall. The whole article is well worthy of perusal, and we propose to revert to some of its conclusions on an early occasion.

PRISON DIETARY SCALES.

THE Thirtieth Report on Prisons in Scotland, which has just appeared, contains an official communication, furnished by the resident surgeon of the General Prison for Scotland, relative to certain dietary scales now in use in the prisons of Edinburgh and Glasgow. It appears that the Glasgow scale supplied to male prisoners contains 31·5 nitrogenous, 136·0 carbonaceous, and 5·4 mineral constituents per ounce, as compared with a diet authorised by the Secretary of State, which contains 34·6 nitrogenous, 127·0 carbonaceous, and 5·2 mineral constituents; that the latter contains 28 oz. of meat per week, but that the Glasgow scale has no meat except that included in the soups and broths. The Edinburgh scale is the same as that in use at Glasgow, with the addition of 6 oz. of bread and half an imperial pint of milk daily. It is evident that these scales are defective in meat; and experiences that have been gleaned during the past few years from the chief prisons of the United Kingdom go to prove that convicts undergoing long terms of imprisonment, unless supplied with a fair allowance of animal food, speedily become the subjects of scrofulous diseases. This fact is confirmed by the terms of the report above quoted; and we entirely subscribe to the opinions expressed by Mr.

Thomson and Dr. Christison (who was deputed to assist at the inquiry), that "hard labour and the depression of mind of convicts do not admit of low dietary scales; and if there is a failure of health and strength in the early months of imprisonment, it is difficult and expensive to restore this class of prisoners to vigour for work." This subject has become of greater importance since the discontinuance of transportation for crime; for the class which now undergoes penal servitude in the prisons of the United Kingdom, in lieu of transportation, is usually composed of men whose constitutions are deteriorated by vice and privation, and whose physiques require therefore to be raised rather than lowered. We do not advocate the coddling of criminals; but, on the score of economy as well as of humanity, it is wise to diminish the list of medical comforts by increasing the supply of butcher's meat.

PROPOSED GLADSTONE HOSPITAL.

A PARAGRAPH has been going the round of the papers in reference to a proposal on the part of the working classes and others in Lancashire to subscribe towards a testimonial to Mr. Gladstone. We have ascertained that this proposal has been communicated to Mr. Gladstone, and that, while very deeply sensible of the kindness which it implies, he is anxious that any funds so raised should be appropriated to the building or the support of a Convalescent Home in Lancashire. This feeling on the part of the Prime Minister is as creditable to him as the wish to do him honour is natural on the part of the working men of Lancashire. It is well known that a considerable sum remains over what was needed of the fund to relieve the distress occasioned by the cotton famine. We ourselves, who were most willing contributors to that fund, have advocated the application of the balance to the benefit of Convalescent Homes. As the money was contributed by the whole country, it would scarcely be fair to restrict the gift of the balance to Lancashire; but a portion of it might well be so used. The money raised for a testimonial to Mr. Gladstone, supplemented by a contribution from the cotton-famine fund, could then be used to erect a Convalescent Home in Lancashire, that might be called the Gladstone Hospital. Of all hospitals, the most laudable and unobjectionable is that for convalescents; and considering that Mr. Gladstone's eloquence and Mrs. Gladstone's energies have been so benevolently associated with Convalescent Homes, we are sure that the realisation of this idea would be grateful to them as well as to the general public.

THE CRÈCHE, OR DAY NURSERY.

WE are desirous of calling attention to the commencement of a charitable institution which, when more fully developed, is likely to be of great benefit to the most deserving and industrious of the London poor. Lady Petre has opened a Crèche, or Day Nursery for the young children of working mothers, at 16, Beaumont-street, Marylebone, and has placed it in charge of sisters of mercy of the Order of St. Vincent of Paul. A mother (married or unmarried) who has actual work during the day, may leave one or more children under three years of age at the *crèche*, from morning until evening, for a charge of 3*d*. a day for one child, or 4*d*. for two. Women who are suckling may come to their infants once or twice a day; but all the children who require it are well and properly fed. They are washed on arriving in the morning, clothed for the day in clothes provided for the purpose, and kept in an atmosphere of cleanliness and order. We need not say how much such help is wanted by the class to whom it is offered; and we need not enlarge upon the infantile mortality, and the demoralisation of older children, that flow from the necessary desertion of babies for the day by their parents. We understand that Lady Petre is desirous to enlarge her present *crèche*, to remove it to a locality more convenient of access to the mothers, and to establish others like it in other districts of London. There are in Paris many such institutions; and they are highly prized by all who witness their effects. None know so well as medical men the terrible evils that the *crèche* system is calculated to remedy; and it is incumbent upon us as medical journalists to express our hearty approbation of the endeavour to naturalise it in this country. It is not the least of its merits that those who benefit by the charity are called upon to contribute to its funds. Still, it cannot be made self-supporting; and donations are much needed to assist in its extension. They would be thankfully received by the Sisters at the establishment, or may be paid to the London and Westminster Bank in Stratford-place. We should, perhaps, mention that the *crèche* is placed under the medical superintendence of Mr. Tegart. Sick children are not received there; but in all questions of diet, clothing, temperature, and the like, the sisters have the advantage of his direction.

THE DOVER REVIEW.

DRS. THOMSON and BARTON, the medical officers in charge of the field hospitals, request us to state, for the information of medical officers of the Volunteer force who will be present at the review on Monday, that there will be two field hospital marquees, one near the Castle-hill Fort, the other at Swingate. One ambulance waggon will follow in rear, and between 1st and 2nd divisions; another in rear, and between 3rd and 4th divisions. These are provided with Royal Hospital Corps orderlies, who have charge of stretchers &c., and a field companion containing restoratives. In the event of any very serious accident, it is requested that a medical officer will accompany the ambulance to the nearest field hospital. The position of Castle-hill Fort and Swingate is clearly indicated on Wyld's plan of the field.

THE ACCIDENT TO THE LORD CHIEF JUSTICE.

WE are enabled to give an authentic account of the injuries sustained by the Lord Chief Justice from the accident which befell him on the race-course at Lewes on the 15th instant. Directly the casualty occurred, Drs. Morrison and Smythe were sent for; but, owing to their absence, the patient was attended by Dr. Rigden, who found, on examination, that his Lordship's right temple presented superficial ecchymosis, and that in falling across the chain he had fractured one of the lower ribs on the same side. There have been, however, no head symptoms, although the fractured rib still causes pain. He is making a very good recovery, and it is expected that in a few days he will be well enough to return to town.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of this Society on Tuesday night, Dr. Wm. Ogle read a very carefully prepared report of a highly interesting and instructive case of injury (by involvement in an abscess) of the cervical sympathetic. The report was, indeed, so learned and so exhaustive that its excellence was itself a barrier to discussion; and it was scarcely possible for the apprehension of the audience to keep pace with their hearing. The few speakers who rose—Mr. Solly, Mr. Savory, Dr. Pavy, and Dr. R. J. Lee—could each do little more than mention some single point illustrated by

the narrative, and add each a tribute to what Mr. Savory called "this great paper." We could not but feel that it would be wise in the Council of the Society, when a communication of similar importance is about to be made, to place an abstract of its chief points in the hands of Fellows prior to the meeting. The effort of close attention that is required in order to listen and to understand is, in such a case, very unfavourable to the arrangement of knowledge with a view to profitable discussion; and the questions that should have been asked, or the arguments that should have been advanced, are apt to present themselves to the mind after the time for them has passed away. We commend our suggestion of abstracts to the serious consideration of the Council. They might be printed on slips, and left in the library; and their issue, in the case of any paper, would not only be an evidence that the Council expected it to call forth an earnest and instructive debate, but would be tantamount to an invitation, to the Fellows best acquainted with the subject at issue, to acquit themselves in a manner calculated to sustain both their own reputation and that of the Society.

THE NIGHTINGALE FUND.

THE Report for the year 1868 states that 29 probationers were admitted, 15 have either resigned or been dismissed, 10 have been appointed to divers situations, 1 died in the hospital of typhoid fever, and 18 were under training at the close of the year. The applications which have been received from candidates desirous of entering have increased, and have comprised a larger proportion from gentlewomen desirous of qualifying themselves for superior situations. In consequence of the closing of the Midwifery School at King's College Hospital, the Committee are now able to admit the whole number of probationers on the ordinary terms—that is to say, instruction, board, washing, some clothing, and a small salary, being provided at the expense of the Fund during the year's training. The Committee regret to state that they have not at present been able to mature any satisfactory scheme for the re-establishment of the Midwifery School. The Committee are now under engagements to provide a nursing staff, including superintendents, to two large hospitals, one of which is in course of construction.

CONSTABLES' SUMMONSES TO INQUESTS.

LET us warn medical practitioners against regarding a summons to a coroner's inquest signed by the constable merely. A correspondent—Dr. Pickstock, of Peckham—sends us the particulars of a fatal case of hanging to which he was called. He received the usual summons, signed, however, by the constable; in response to which he attended the inquest, and was kept waiting for a considerable time. The coroner then informed him that he did not want his evidence, and repudiated the summons of his constable. Let this be a lesson to medical men.

THE LEEDS INFIRMARY.

AN important meeting was held on the 22nd inst. at Leeds, for the purpose of liquidating the debt on the Building Fund of the infirmary. It will be remembered that the Art Exhibition held there last year resulted, not in a gain, as was anticipated, but in a loss to the Building Fund. The deficiency amounted to £25,000, after £80,000 had already been expended. At the meeting referred to, the inhabitants seem to have responded nobly, nearly £11,000 being subscribed in the room, including 600 guineas from the hon. faculty. On the 16th of April the infirmary will, for ten days, be opened to the public for inspection, and thereafter it will become available for its appropriate uses. By that time, we hope, the institution, which will serve as the nursery of the very important Leeds medical school, will be free of debt.

GOVERNMENT GRANTS FOR SCIENTIFIC PURPOSES.

THE Chancellor of the Exchequer has declined to accede to the request of the Meteorologists of Scotland that they might be allowed to participate in the grant of £10,000 a year made by Parliament to the Royal Society for meteorological purposes. Mr. Lowe declared himself opposed to all such grants of public money, because he held that Government should not be called upon to do what there was a reasonable probability of people doing for themselves. With all deference, we submit that no hard and fast line can be drawn in such matters, but that the end proposed should alone be considered as the basis of decision. In the case of the meteorologists we cannot but think that they had a fair claim to urge, and we should be inclined to comfort them with the suggestion that, if they wait a while until the Treasury is relieved from the remaining burdens of the Abyssinian war, they may possibly find the Chancellor more pliant than he was on Saturday last.

THE KINGSTON DRAINAGE.

THE Government inquiry as to the Kingston drainage scheme has closed, so far as the case in its favour is concerned; the Inspector (Mr. Rawlinson), on being requested to hear evidence in opposition, stated that it was an unusual course to take such evidence, but that he would consult the Home Secretary upon the point.

DR. PARKER, medical officer of health for Bermondsey, reports to the vestry that the water supplied to the parish during February "was so turbid as to be unfit for domestic purposes."

MR. THOMAS W. KEATES, consulting chemist to the City of London Gas Company, has, it is stated, been elected by the Metropolitan Board of Works to the office of Gas Examiner, under the powers of the Act of last session.

FROM the *Lincolnshire Chronicle* we are gratified to learn that a public meeting has been held at Lincoln, over which the Mayor presided, when it was determined to raise and present to Dr. John Torry, who is leaving that city, a testimonial in recognition of the gratuitous services he has rendered to the various charitable institutions during a period of nearly seventeen years.

DR. ARNOTT, C.B., the head of the Bombay Medical Department, has been presented with an address, on his retirement from the service, by the warrant medical officers of the presidency.

THE guardians of the Beverley Union have been making some slight alterations in the salaries and districts of their medical officers: Mr. W. H. Stretton, of No. 3 District, retires, and Mr. F. Calvert succeeds him, with a reduction of area, and of salary from £26 to £22. In No. 1 District, Mr. Brereton gets his salary raised from £26 to £34, in consequence of the addition to his district of the part taken from No. 3. At the next Board meeting the chairman will move that the salary of Mr. J. Wood, of No. 5 District (who appears to have the smallest salary in proportion to population of any of the medical officers of the union), be increased from £20 to £25 per annum.

ON the 16th February a Medical Society was established for Preston and the neighbourhood, having for its objects the reading and discussion of papers upon all subjects relating to medicine and surgery and the allied sciences, and the formation of a medical library. The Society's meetings will be held on the first Tuesday of every month, at 8 P.M. The Society has met with nearly the unanimous support of the profession. The officers for the present year are as follows:—President: Dr. Haldan. Vice-Presidents: Mr. W. Howitt, Dr. Hammond, Dr. Gilbertson. Committee: Dr. Arminson, Dr. Smith, Mr. Rigby. Hon. Sec. and Treasurer: Mr. John H. Gornall.

THE Torquay Local Board, having had for a long time under consideration the subject of improved drainage for the town, determined at a recent meeting to postpone the matter *sine die*. The chairman of the Board foolishly insinuated that the medical practitioners of the town had done mischief by talking of its causes of unhealthiness; a notion which the Board had better get out of its corporate head as quickly as possible, so as to make room for the idea that it is the *existence* of those causes, and not the mere talking about them, which has led to an impression getting abroad unfavourable to the town as a health-resort.

ON the 17th inst., the students attending the Glasgow Maternity Hospital took occasion to present Dr. R. D. Tannahill, one of the physicians of that charity, with an elegant silver-mounted walking cane, as a mark of their appreciation of the benefits derived from the lectures on Midwifery delivered by that gentleman during the present session. Dr. Eadon expressed the sentiments and feelings of the students as to the cause of the presentation. Dr. Tannahill replied in a suitable speech.

CANDIDATES for the degrees and licences of the Dublin University are now required to produce certificates of having attended during nine months the practice of Sir Patrick Dun's Hospital; and as this is an objectionable restriction upon the free choice of students, steps were taken for its removal at a meeting held at the Dublin College of Surgeons last week. It was proposed that a memorial on the subject should be presented to the Provost and Fellows of Trinity College.

THE *Builder* notices that, in the instructions issued by the Lambeth guardians relative to the designs for the proposed infirmary to be erected near the Kennington-road, it has been announced that "some of the wards may be provided to contain four rows of beds;" and points out that such an arrangement would be so opposed to the teaching of experience that a higher authority should be appealed to if the guardians really contemplate its adoption.

SINCE February last there have been five mild cases of scarlet fever in the Epsom College; all of which are now convalescent. The Council have recommended that the usual Easter holidays be prolonged until Monday, the 12th of April.

THE SITE OF THE EDINBURGH INFIRMARY.

BY a majority of 94 it has been decided, at a meeting of the contributors, that this institution shall stand on the grounds now occupied by George Watson's Hospital. We sincerely rejoice at this decision,—a decision which had our support from the outset, and which has been arrived at by the able and unwearied advocacy of Professor Syme and Dr. Andrew Wood. Our readers are already more than familiar with the rival sites that have been submitted to the contributors, so it would be superfluous to notice any others than that which gained the final approval of the Committee and Senatus Academicus, and that of Professor Syme. Proceeding on a pedantic, uncalled-for, and, after all, only an apparent fulfilment of the conditions originally proposed to the contributors—viz., that the new infirmary should stand on the South Bridge, opposite the University, the Committee favoured the plan:—1st, that the South Bridge houses should be pulled down; 2nd, that a new block fronting the University, but at a distance of fifteen feet from the latter, should replace it; 3rd, that the aforesaid block should embody a grand arch, a bit of the hospital, and a row of shops and apartments; 4th, that the site of the present medical hospital should be occupied by the ordinary medical wards of the hospital under the charge of the physicians other than the clinical professors; 5th, that the present surgical hospital, with alterations effected in it at an expenditure of £5000, should be spared and made over to the surgeons other than the clinical professors of surgery, and should partly be utilised as fever wards; 6th, and finally, that there should be raised on St. John's Hill, on the other side of the Pleasance, a grand new hospital, containing model clinical wards, both medical and surgical, in charge of the clinical professors of the University.

Professor Syme's exposure of the defects of this plan left nothing to be desired; in fact his speech throughout will long be remembered as a masterpiece of acute and trenchant criticism. One argument only was left to the Committee, and that was to keep faith with the original subscribers. The case, according to Mr. Syme, stood thus:—

"The managers applied to the public and said,—'Give us money to build additional accommodation. We propose to do this by taking down the houses opposite the College, because it will be advantageous both to the hospital and the College.' Well, so long as the managers believed this to be the proper plan, of course they were right to propose it; but when it happened that some of them became satisfied that to pursue that course would be a great waste of money, and that the object could be accomplished infinitely better in another way, was it a duty incumbent upon them to persevere in this wrong system? He was astonished at such a view being taken. It put him in mind of what once happened to a surgeon in Paris who was asked to go to the country to cut off a leg; and, as was his custom, he made an arrangement as to the fee he was to receive for doing so. When he went and examined the patient, he found that the leg did not require to be cut off,—that the disease admitted of remedy. The patient and his friends were delighted; they were profuse in their expressions of gratitude; but when the surgeon came to take his departure, they offered him a much smaller sum than that agreed upon. (Laughter.) When he said that was not the sum that had been arranged,—'Ah,' they replied, 'but that was for cutting off the leg.' (Laughter.) He made no reply, but with a look which no one who had seen it could ever forget, he held out his hand to his assistant, and said, 'Give me the knife.' (Laughter.) If this surgeon had got his fee before leaving Paris, and if, on going to see the patient, he had found—as he did find—that the operation was not required, and that the limb could be cured, then he would have been precisely in the condition of the managers of the Infirmary. (Laughter.) If he had said, 'This limb does not require to be cut off, but I have got money to cut it off, and it would be a breach of faith not to cut it off,'—the cases would have been exactly similar. (Laughter.) The managers had got £70,000, and supposing they had come to the conclusion that they might make a better use of it, the assertion that they were bound in honour to make a bad use of it, seemed to him most surprising."

Nothing could be more felicitous than this illustration; and its effect upon the meeting seems to have been magical. Having cut from beneath the advocates of the counter plan every argument they could adduce, Mr. Syme proceeded to reply to the objections raised against his own. Repeating, what none of his opponents could deny, that George Watson's site was a healthful field, stretching, not north-west, like theirs, but south-west, and of uniform slope; that it furnished, moreover, the utmost space required—nine acres,—he dwelt on the disadvantage to Edinburgh as a medical

school, if hospital observation were withheld from the students for the three years during which the present infirmary would be in process of re-erection on the site proposed by the Committee. The only argument that had a superficial show of reason against the grounds of George Watson's Hospital was the alleged dampness of the soil. The objection is wholly imaginary. Mr. Syme had desired his gardener—a man of unusual sagacity and knowledge,—to examine the ground, and report on it. The result was that the soil was found to be "black, light, and porous, intermixed with small stones; that the deep subsoil was of a gravelly substance; and that from the composition both of the soil and of the subsoil, it was impossible that the former could ever be damp, or the latter retain moisture." Mr. Syme produced a sample of the earth, which fell like dust on the platform, and remarked, amid much laughter and applause, that that was the retentive soil which, according to the architect of the rival plan, would not let the water pass through; and that one of the managers had told him they might as well build a house on a sponge as on such soil. Mr. Syme concluded by showing that the site of George Watson's Hospital would be gained at a much cheaper rate than that of the other plan. Mr. Syme was opposed by his colleague, Professor Spence; but, we think, with inconclusive effect. The most telling of the other speeches on the occasion were those of Dr. Andrew Wood and Professor Christison,—the former repeating, with characteristic freshness and force, the arguments already quoted in our columns from his letters to the *Edinburgh Courant*.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

DURING the last week Paris has been struck with consternation at the terrible accident which took place on Tuesday last in the laboratory of M. Fontaine, one of the well-known manufacturers of chemical products in this city. The local journals are filled with most distressing details in connexion with this sad occurrence. The event happened at about half-past two P.M., and was caused by the explosion of some fulminating substance,—such as nitro-glycerine or the picrate of potash. The detonation was so violent that it was heard several miles off, and might be compared to the booming of a park of artillery. All the neighbouring houses literally shook to their foundations, whilst their glass-panes were shattered to pieces. As the explosion took place the roof of the laboratory crumbled down, and, at the same time, the column of air and gas taking the direction of the street, the front part of the shop flew off, and two corpses were hurled into the thoroughfare: one was stopped by a bench, which it overturned; whilst the other was knocked to pieces against a wall at a distance of thirty metres off. Fire instantaneously broke out in the laboratory, and speedily reached the staircase, which almost instantly broke down. The different families in the house, to the number of forty, were in an indescribable state of fright. All means of escape by the staircase being cut off, they showed their appalled countenances at the windows, the only means of exit left to them. Fortunately the *pompiers* now arrived on the spot; means of escape were quickly organised, and all the inhabitants of the house were safely brought down with the aid of ladders, ropes, and twisted sheets. The scene was one of inexpressible desolation; and at every moment some fresh explosion was expected to take place on account of the various chemical substances which lay about in the ruins. Want of space prevents me from entering into many interesting details and relating the thousand anecdotes and details—curious or distressing—which marked the different episodes of this sad event. I can only notice the salient points. Besides the two individuals whose remains were picked up in the street, two others were afterwards discovered under the smouldering ruins, one of them being the son of M. Fontaine, a youth of twenty-one. All, save one, of the persons who were present in the laboratory at the time of the event—namely, M. Fontaine, jun., two *employés*, and the cashier, met with instantaneous death. The exception was a workman, who had been providentially protected by a large iron wall, behind which he was then standing. Several other persons, who were passing through the street, met with severe injuries; and a porter, who was sitting on a bench on the other side of the street, was killed on the spot. It is perfectly appalling to think that had the accident occurred in the cellar and not on the ground-floor, and had not the column of air and gas found exit through the front part of the shop, not only the whole house would have been blown up, but the entire quarter of the town might have met with a similar fate, as that part of Paris is built upon the ancient catacombs, and only a slight crust separates these from the foundations of the houses. As it is, the house wherein the accident has occurred is severely damaged, and must necessarily be taken down; whilst the neighbouring buildings are now propped up with posts and pillars. On the very day after the accident I visited the scene on which it occurred. The whole street, or rather *Place*, wears an aspect of sadness and distress. One would say that the smoke has blackened all the walls of the houses; the windows are deprived of their glass panes; all the shops on the other side of the street were shut, the concussion having destroyed almost all the articles which they contained; and on a wall opposite were to be seen traces of brain-matter belonging to the unfortunate man who had been hurled in that direction. In the middle of the street were piled up the smashed and blackened remains of the laboratory, whilst a *cordon* of policemen kept back the crowd. The laboratory itself, seen from the street, looks like a dark cavern; the only thing left being the huge iron pillars which support the building.

Little is as yet known, or, perhaps I should say, is allowed to be made known, with regard to the precise cause of this formidable accident. The common report is, that it is due to the fortuitous explosion of an extraordinary fulminating substance which M. Fontaine has recently discovered, and which has been utilised for the fabrication of *torpilles* and other murderous contrivances. Indeed, on account of this discovery, he was made a Knight of the Legion of Honour at the last Paris Exhibition. It has become the cause of his ruin, and has cost him the life of his only son. It would appear that it was not his custom to keep this highly dangerous substance in his Paris laboratory; but the Government having sent in an urgent order for a certain quantity thereof, destined to be employed for the *torpilles* of Toulon, M. Fontaine temporarily transferred a quantity of this preparation from his country store to his establishment in Paris, where it might have destroyed the lives of thousands.

The recent *concours* at the School of Medicine for the nomination of six vice-professors, or Professeurs Agrégés, which has just terminated, has given rise to much dissatisfaction, which is, I need not say, particularly manifested by the unsuccessful candidates. The six gentlemen who have been definitely selected are all men of recognised merit; but it is said that the jury exhibited much partiality and onesidedness. One circumstance, unfortunately, contributes to strengthen this assertion. It is said that the proceedings of the *concours* were not carried on according to the bye-laws which regulate the matter. Thus after the preliminary, or eliminating tests, the jury should only reserve twice as many candidates as there are vacant places. In this case, however, instead of reserving twelve candidates, they kept fifteen. For what purpose? Because all the fifteen were so good that it was difficult to say who should be eliminated, say the members of the jury. Because some of the favourite candidates had been so behindhand in their preliminary tests, that in order to reserve them, the jury was obliged to extend the total list of admissible candidates, say the unlucky candidates. Be it as it may, the jury undeniably committed one fault: it bethought itself of its error only when the second series of tests, called the definite tests, had begun, and then it called upon three of the gentlemen, asking them, as a favour, to retire, and thus permit of the legal continuance of the *concours*. This deeply wounded the feelings of the candidates who had been chosen as scapegoats. They rightly answered that either they were set aside because they were considered as inferior—a fact which they did not consider correct, and which, besides, would indicate a hasty and partial decision, inasmuch as they (the candidates) had yet to go through

other tests, which might be highly successful,—or else they were simply chosen as scapegoats, a thing to which they would never accede, as, not only was it wounding to their self-respect, but it was tantamount to asking a soldier to throw down his arms whilst hopefully and courageously doing a good fight on the battle-field. They therefore refused to accept these terms, at least two of them did, and the jury was therefore compelled to reserve them. Of course, they would not be named, nor did they expect to be named, but they continued to the end, and, it is said, have now lodged a complaint with the Minister of Public Instruction, showing the illegal proceeding of the *concours*.

It will be remembered that at the last *concours*, at the Assistance Publique, for the nomination of two gentlemen to the post of physician to the Paris hospitals, there was also much grumbling. This is very much to be regretted, as it reflects hurtfully on the system of *concours* in public competition, which is really a valuable institution, and which, if properly conducted, would be certainly the fairest means of putting the right man into the right place. Happily, the *Revue des Cours Scientifiques* tells us that some important changes, intended to regulate the proper working of the *concours*, are now in contemplation. One of them, and an excellent one it would be, will consist in having two juries instead of the one which now takes cognisance of all the necessary tests. There would be a first series of tests with a jury—these tests being eliminative only, the candidates reserved, and sent to the second and last jury, which would then judge *en dernier ressort*.

I was forgetting to mention that the six gentlemen who have been successful at the last *concours* are Messieurs (1) Bouchard, (2) Ollivier, (3) Chalvet, (4) Lecorché, (5) Brouardel, (6) Cornil. They are, I repeat, distinguished workers in the field of science, and have already given proof of much learning and ability; but one regrets to see that the list does not include such names as Leven and Lancereaux.

The subject of medical education is so much *à l'ordre du jour* that you may like to know how the courses of lectures at the School of Medicine are distributed according to the sessions. I therefore note down the programme of the summer session of the Paris Faculty, to commence on the 1st proximo:—Botany (with herborising excursions into the country): Prof. Baillon.—Physiology: Prof. Longet, who will lecture on the Functions of the Nervous System.—Therapeutics and Materia Medica: Prof. Gubler, recently appointed, will inaugurate his teaching by a course of lectures on the Historical and General Details of the various means of Introducing Medicaments into the Economy.—Surgical Pathology: Prof. Dolbeau, also recently appointed, will lecture on General Diseases, Diseases of the Tissues and Systems, Fractures and Luxations.—Forensic Medicine: M. Tardieu's course will include all the questions in connexion with the different kinds of Violent Death.—Pharmacology: M. Regnauld.—Accouchements: Prof. Pajot, on the Difficulties of Parturition.—Pathological Anatomy: Prof. Vulpian, on Alterations of the Blood.—Medical Pathology: Prof. Hardy, Lung and Heart Diseases.—Hygiene: M. Bouchardat, on Heat, Light, Ground, and Atmosphere; the Excretions; Contagious Diseases; General Hygiene.—Medical Clinique: Professors Bouillaud and Sée at La Charité; Béhier, at the Hôtel Dieu.—Surgical Clinique: Professors Laugier and Gosselin (Hôtel Dieu), Broca (Charité), Richet (La Pitié). The above details may also be of use to students or medical men visiting or about to visit the Paris Faculty and hospitals.

The Emperor has been suffering from a slight attack of *grippe*, or influenza, which he caught on Wednesday last, having remained to a late hour in the garden, inspecting various experiments with gas-light. On this account, the last Council of Ministers, appointed for Saturday last, did not take place. But he is now much better. The Council is convened for this day (Monday), and it is fully expected that it will be presided over by the Emperor.

Journalism and severe criticism do not seem to agree with the ruling scientific bodies of Paris. M. Guardia, on account of a very sarcastic article published in the *Gazette Médicale* (and from which perhaps he should have abstained, on account of his position at the Academy), has lost his place of Under-Librarian at the Academy of Medicine; whilst M. Pouchet, the son of the well-known naturalist and promoter of the spontaneous-generation theory, on account of a critical article published in *L'Avenir National*, has been dismissed from his post of *aide-naturaliste* at the Museum.

Paris, March 22nd, 1869.

Correspondence.

"Audi alteram partem."

SUPERANNUATION ALLOWANCES TO MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I should feel obliged if you would permit me, through your journal, to make an appeal to members of the Poor-law Medical Officers' Association especially, and Poor-law medical officers generally, under the following circumstances.

In December, 1868, I was deputed by the Council of the Association to write to the secretary of the Irish Medical Association, and tender an interchange of good offices in furtherance of the objects of the respective Associations. This offer was gladly accepted by the Council of the Irish Association.

The time has now arrived when English Poor-law medical officers can afford a practical demonstration of sympathy with their Irish brethren. On the 7th of April the Bill to provide for Superannuation Allowances to Medical Officers of Poor-law Unions and of Dispensary Districts of such Unions in Ireland, introduced by Dr. Brady, will be read a second time. The object of the Bill is fully described in its title, but, in order to make it more plain, I may state that it is intended thereby to provide, "with the concurrence of boards of guardians and the Irish Poor-law Commissioners, superannuation allowances to any medical officer or officers of a union or dispensary district who shall at any time after his or their appointment become incapable of discharging the duty of his or their office with efficiency, by reason of infirmity of mind or body or old age, upon his or their resigning or ceasing to hold office, such annual allowance for his or their lives not exceeding in any case two-thirds of the income derived by such office or offices," &c.

Having communicated with Dr. Brady and others, they agreed with me in considering that great assistance might be afforded at the second reading if English and Welsh Poor-law medical officers would at once write to such members of the House of Commons as they may be personally acquainted with, and urge them to vote for the Bill. With a view to afford in a ready form the material of such letter, I would suggest the adoption of part of the speech of Mr. B. Baker at the last quarterly meeting of our Association, on moving a resolution upon this subject: "Our education costs us much; we devote much time and thought in our department; our work is most difficult and most ungrateful, and fraught with much personal risk to ourselves and families. We work seven days a week, ofttimes at night, all the year round. There is no provision made for a vacation. The parish doctor is never supposed to be idle—never to be tired—never to want a change from the monotonous duties of his office; if he leaves his appointment, it must be at his own risk and cost."

The argument used against superannuation of Poor-law medical officers is that they do not give the whole of their time. To this it may be replied that the salaries paid are wholly insufficient to enable them to do so; but they are expected to be ready at all times, even at the sacrifice too frequently of other more remunerative interests.

I may further state that a direct appeal will be made, through the Council of the Association, to those English and Welsh members who, to the number of ninety, replied favourably to our circular letter at the late election. But I must urge upon gentlemen the desirability of supporting our application by immediate oral or written request to those they can influence.

In conclusion, let me remind Poor-law medical officers that our Irish *confrères* are not likely to be wanting in grateful recognition of our services; and if they are afforded on this occasion, we shall have the right to ask and be sure to obtain a similar service from them when the time arrives

to make that parliamentary appeal with regard to grievances the redress of which it is the object of the Poor-law Medical Officers' Association to secure.

I am, Sir, yours obediently,

Dean-street, March 22nd, 1869. J. ROGERS.

ARMY MEDICAL ADMINISTRATION.

To the Editor of THE LANCET.

SIR,—Permit a few words of comment on Dr. Stallard's letter in your number of Feb. 13th.

Mr. Cardwell must be aware, although the public may not, of the fact that the War Office authorities are not content with an Army Medical Department, composed of doctors from every medical school and university in the kingdom, a Director-General with a separate head of the sanitary branch of the War Office, and a professor and assistant-professor of hygiene at Netley, but they must have, in addition, a special sanitary adviser drawing a salary of £1200 a year. The authorities ought to abolish that department and retain their present official adviser, on the score of economy. To be sure, there is foreign service to be undertaken and disease to be treated, but the withdrawal of our colonial troops will relieve them of the first difficulty; and as their adviser manages to gauge the causes and describe the course of epidemics some time after they have passed away better than those who were eye-witnesses of the facts, there is no reason why he should not equally well treat patients whom he has never seen with remedies drawn from the depths of his moral consciousness, and issued from the War Office according to a sealed pattern. Moreover, as he never exposes himself to the causes of disease on the one hand, and possesses unsurpassed knowledge of sanitation on the other, it may confidently be anticipated that he will never require a Government pension on the score of ill-health. I happen to know a great many medical officers who regard it as absurd to supplement a large and expensive medical service by a separate appointment of this sort, and I agree with them so far; but a logical consistency ought clearly to lead the authorities to abolish the large department in favour of their War Office adviser, with whom the power appears to reside, if not the responsibility, of administering all matters affecting army sanitation.

I am, Sir, yours obediently,

ONE ACQUAINTED WITH THE SERVICE, THOUGH NOT IN IT.

EQUALISATION OF THE POOR-RATES IN THE METROPOLIS.

A NUMEROUS deputation of gentlemen from all parts of London waited upon the President of the Poor-law Board to request that the Government "will introduce a Bill to accomplish what philanthropy and statesmanship, as well as justice and morality, demand—the Equalisation of the Poor-rate in the Metropolis." On the whole, the answer of the Right Hon. Mr. Goschen must be regarded as satisfactory. He admitted that the arguments in favour of such a measure were irresistible, but found the whole difficulty to rest in giving local bodies a pull out of the common purse without intervention or control. He observed that anyone who would offer a solution of that difficulty would be doing good service, and the matter would soon be settled. We fearlessly call upon Mr. Goschen to be that great benefactor to the poor and to the ratepayers of the metropolis. Let him establish a small representative Board for the management of that common purse, with a competent chairman and responsible representative of the Poor-law Board. Depend upon it, such a Board would be able to devise some form of supervision over the expenditure in every part of the metropolis; and, by reorganising, without destroying, local action, would economise in management, consolidate and classify the sick and in-door poor, and inaugurate a system of dispensaries, which, as our correspondent, Mr. Blanchard Jerrold, proves, is the back-bone of an efficient administration for the relief of pauperism.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 18th:—

Argles, Robert, Maidstone.
Budd, Samuel Pannett, Plymouth.
Hunt, Tom Oliver, Hockley, Birmingham.
Lister, Charles Henry, Royal Free Hospital.

As Assistant in Compounding and Dispensing Medicines:—

Loggin, Chas. Frederick, jun., Stratford-on-Avon.

AT the meeting of the Metropolitan Association of Medical Officers of Health, on Saturday last, Dr. Vinen stated the result of the application which had been made to medical men for returns of the number of cases of scarlatina what had come under their notice during 1868. No very satisfactory data have been obtained. It will be recollected that we entered fully into this matter a few weeks since. A discussion followed on the out-patient system of hospitals, in which opinions adverse to the present unchecked distribution of relief were expressed.

THE Central Committee of the Royal Albert Idiot Asylum for the Northern Counties have received from the Misses Cort, of Kirkby, near Liverpool, the munificent donation of one thousand guineas.

AT the annual meeting of the supporters of the Stanley Hospital, Liverpool, held last week, it was stated that the liberal donations and subscriptions received had enabled the committee to extend the scope of the hospital, which was originally limited to the treatment of chest diseases and of women and children. The Earl of Derby has promised a site for a new building.

A BUTCHER at Hull was lately detected in removing from a knacker's premises a sackful of horseflesh, which he intended to "work up" into "polonies." The knacker stated that he held a commission to supply the "polony" man with three dead horses per week. The carrion-purchaser has been sent to take his trial for his vile traffic.

MACKENNA v. PARKES.—On appeal to the Lords Justices, Mrs. Parkes (Miss Amy Sedgwick), widow of the late Dr. Parkes, of Great Marlborough-street, has obtained an addition of £170 to the amount ordered by the Vice-Chancellor on a former hearing, to be paid her by Dr. Mackenna in satisfaction of a disputed claim arising out of the partnership agreement entered into between himself and Dr. Parkes shortly before the death of the latter.

YELLOW FEVER IN SOUTH AMERICA. — Official notice has been sent to the Collectors of Customs that yellow fever prevails at all the ports of the departments of Moquega and Arequipa, with the exception of Arica, in Peru. The same fearful disease is also reported to be very prevalent at Caracas, in Venezuela.

A LADY APOTHECARY.—A young woman named Doumergue has just passed an examination before the Academy of Montpellier in the section of pharmacy, and been admitted, with one of the first numbers, to follow the lectures on botany, chemistry, toxicology, and elementary physics.

VICTORIA PARK HOSPITAL. — The twenty-first anniversary of the City of London Hospital for Diseases of the Chest was celebrated on the 16th instant at the London Tavern. Lord George Hamilton, M.P., presided. Subscriptions to the amount of £3600 were announced during the evening, somewhat more than two-thirds of the sum required for the work of the current year. On an average the hospital contains 90 in-patients, and each week gives relief to some 1200 out-patients.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—On Friday evening, March 12th, the sixth annual meeting of this Society was held at the Royal Kent Dispensary; Dr. J. C. Thorowgood, President, in the chair. Dr. James Louttit was elected an ordinary member of the Society. Dr. Barnes read a paper on Abdominal Shock and some forms of Peritonitis. After reading cases illustrating retro-uterine hæmatocele, menstrual hæmatocele, extra-uterine gestation,

the simultaneous advance of pregnancy with the growth of an ovarian tumour, and the axial twisting of ovarian cysts, with rupture of their vessels and hæmorrhage into their sacs, he alluded to the diagnosis of retro-uterine hæmatocele and the symptoms of peritonitis and peritoneal shock. A discussion followed, in which Dr. William Carr, Mr. George Roper, Dr. Ralph Gooding, Mr. Mitchell, and Dr. J. C. Thorowgood took part; and a vote of thanks having been unanimously accorded to Dr. Barnes for his excellent paper, the Society adjourned.

Obituary.

DR. OSBORN, F.R.C.S., F.R.G.S., F.L.S.

THE subject of the present notice was born December 6th, 1814, and died on the 10th of February, 1869, from hæmatemesis caused by congestion of stomach and small intestine. He studied at Guy's Hospital, where he paid great attention to the diseases of women, and to the happy issue of such diseases he owed his great success in private practice, which he had carried on for over twenty years at Manor-terrace, Brixton.

When quite young he entered the Bombay Army, which he was compelled to resign on account of ill-health caused by shipwreck, after suffering from dysentery on the African coast.

Dr. Osborn was the author of the Fothergillian prize essay on Bronchitis, for which he obtained the gold medal in 1840. He held the post of Surgeon to the City of London Almshouses at Park-hill, and at his death was competing for the post of Surgeon to the City of London Orphan School, which he held as *locum tenens*, and would doubtless have obtained as a permanency. For many years he had been a medical officer of the parish of Lambeth; and among both rich and poor was highly respected and beloved. As a mark of respect the private inhabitants and shopkeepers closed their premises on the day of the funeral; and a great number of the wealthier in their carriages, and the poorer on foot, followed their old friend and physician to his last resting place.

Medical Appointments.

DEAMAN, E. H., M.R.C.S.E., L.S.A., has been appointed Surgeon to the Lancashire Hussars.

CANE, T. M., M.R.C.S.E., has been appointed Surgeon to the Coast Brigade, Royal Artillery, stationed at Newhaven, vice Mr. J. Noakes, deceased.

CLARK, Dr. D., has been elected Medical Officer to the new District of Whitworth, Bishop Auckland.

EARLAM, R., L.R.C.P.Ed., has been appointed Medical Officer for the Abbots Bromley District of the Uttoxeter Union, Staffordshire.

FLOYD, E. R., M.B., has been appointed Medical Officer to the Lucan and Leixlip Constabulary, vice T. Purefoy, M.D., deceased.

HARNETT, W. J., L.R.C.P.Ed., has been appointed Medical Officer for District No. 4 of the South Stoneham Union.

HAWTHORN, H. O., M.R.C.S.E., has been appointed Medical Officer for the Leigh District of the Uttoxeter Union.

MOUNCEYON, Mr. M., has been appointed Medical Officer and Public Vaccinator for the No. 2 District of the Bodmin Union, vice R. Rendell, resigned.

ROBERTS, J., M.R.C.S.E., has been reappointed Medical Officer and Public Vaccinator for the Waltham District of the Melton Mowbray Union.

SYMONDS, C. J., L.R.C.P.Ed., has been appointed Medical Officer for District No. 5 of the South Stoneham Union.

TUTTS, P. W., L.K.Q.C.P.I., L.M., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Street Dispensary District of the Granard Union, Co. Longford, vice E. R. Floyd, F.R.C.S.I., appointed to the Lucan Dispensary District of the Celbridge Union.

WHITE, Dr. H., has been appointed Medical Officer and Public Vaccinator for the Killoughey Dispensary District of the Tullamore Union, King's County, vice Kiernan, resigned.

WILLIAMS, E. O., M.D., has been appointed Medical Officer for the Llanfyllin District and the Workhouse of the Llanfyllin Union, Montgomeryshire, vice D. Evans, M.D., deceased.

WILSON, J. B., L.R.C.P.Ed., has been appointed Assistant to the House-Surgeon of the Sheffield General Infirmary, vice J. B. Ward, M.B., resigned.

WILSON, T., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Drumlish Dispensary District of the Longford Union, vice W. L. Watkins, L.K.Q.C.P.I., resigned.

WOOD, A. S., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Maidstone Union, vice J. F. Wilkin, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BLOMFIELD.—On the 18th inst., at Rye-lane, Peckham, the wife of J. Blomfield, M.D., of a son.

BULLOCK.—On the 16th inst., at Isleworth, the wife of Henry Bullock, F.R.C.S.E., of a daughter.

CAMERON.—On the 21st inst., at Albemarle-street, the wife of G. F. Cameron, M.D., of a son.

GARMAN.—On the 21st inst., at Clarendon-terrace, Bow-road, the wife of Cornelius E. Garman, M.R.C.S.E., of a son.

GELL.—On the 22nd inst., at Vivian House, Southam, Warwickshire, the wife of Alfred Scott Gell, M.R.C.S., of a son.

JOHNSON.—On the 19th inst., at Canning-street, Liverpool, the wife of R. H. D. Johnson, M.R.C.S.E., &c., of a daughter.

POGSON.—On the 21st inst., at Seacross, near Leeds, the wife of William Pogson, M.R.C.S.E., of a son.

THURSFIELD.—On the 18th inst., at Broseley, Salop, the wife of Dr. G. Thursfield, of a son.

MARRIAGES.

AIR—TIDDY.—On the 16th inst., at Camberwell, A. C. Air, M.R.C.S.E., of Lorrimore-square, to Mary, daughter of the Rev. W. P. Tiddy.

FARR—SMITH.—On the 20th inst., at St. John's, Lambeth, Dr. Archer Farr, to Elizabeth Medora, daughter of G. A. Smith, Esq.

TURNER—HUET.—On the 16th inst., at Reading, Wm. Turner, M.R.C.S.E., to Blanche Elizabeth, daughter of F. W. Huet, Esq.

DEATHS.

BUTLER.—On the 16th inst., J. Butler, L.S.A.L., of Great Bridge, Staffordshire.

HOLT.—On the 17th inst., at Spital-square, Ida, the beloved and eldest daughter of Wm. Holt, M.R.C.S.E., in her ninth year.

JAMES.—On the 17th inst., at Chichester-place, Exeter, John Haddy James, F.R.C.S., Consulting Surgeon to the Devon and Exeter Hospital, &c., aged 80.

MATHEWS.—On the 17th inst., at Hatfield, near Doncaster, Wm. Mathews, M.D., J.P., aged 68.

WATSON.—On the 15th inst., J. P. Watson, L.R.C.P.Ed., of Aberdeen, aged 40.

WEBB.—On the 15th inst., at Merton Lodge, Cowley-road, Brixton, George Wride, M.R.C.S.E., formerly of Fovant, Wilts.

Medical Diary of the Week.

Monday, March 29.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."

Tuesday, March 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, March 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."

Thursday, April 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, April 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Narration of Cases and Exhibition of Specimens.

Saturday, April 3.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

THE STRANGE CASE IN CARMARTHENSHIRE.

WE alluded not long ago to some curious statements which had been published by a Vicar in South Wales regarding a little girl named Sarah Jacob, who was said not to have partaken of any kind of food during the last sixteen months. The girl retains a healthy aspect, and continues in possession of her mental faculties. She is in this and several other respects, adds the Vicar of Llanfihangel-ar-Arth, a wonderful little girl. To start a miraculous kind of story is tantamount to tapping a very fertile spring, and we were not surprised to hear that a Welsh surgeon had an almost equally strange case. At least he confessed that what he described as having taken place was a physiological impossibility; but then, as he said, there is no limit to the power of the Creator. With regard to the first case, however, a very elaborate machinery is to be set in action, in order to examine and test the accuracy of the statements put forth. A Committee has been formed, comprising several gentlemen and farmers in the neighbourhood, and a preliminary meeting, presided over by the Vicar of the parish, has taken place, at which various resolutions were adopted. These, in effect, amounted to the appointment of four men to undertake the task of watching the girl day and night, so that she should never be left without one of them being present with her. The men were to be examined on oath at the termination of their engagement as to the results of the inquiry. The matter is one of no particular interest to us; but we venture to think these good people have taken a very indirect, expensive, and unsatisfactory way of investigating it. A great deal of local interest and curiosity has probably been excited. Visitors to the house of the girl have been very frequent apparently (future visitors being expected to subscribe to the fund for defraying the expenses of the inquiry, their numbers may be more limited); the people perhaps get a good deal of notice from the squire and vicar, and the girl is surrounded by persons who know her. Obviously the best and most economical plan would be to take her away altogether from the place, forward her to the nearest county infirmary, dismiss all her friends, prevent the access of all visitors, and let her have a separate room in the institution, with such precautions as the surgeons might adopt to prevent the possibility of all collusion. She will not, at any rate, cost much to keep. Strange cases are, of course, common enough with professional men, who are what may be vulgarly termed "up to them." They—prolonged fastings, spirit-rappings, the Cock-lane ghost, and the rest of them—always have one ending when thoroughly sifted.

Mr. Fred. Pratt's communication shall be inserted in our next impression.

RELAPSING FEVER AT THE GERMAN HOSPITAL.

To the Editor of THE LANCET.

SIR,—"J. F." evidently evades the answer. He has blamed me in his former note for not having administered any medicine, although all the patients did well, and made a good recovery. When I asked him kindly to state what I ought to have done, he finds he cannot "usefully comply" with my request, on account of the want of an "explicit" statement of the "diagnostic symptoms" (p. 420 of your journal), although the description furnished at p. 221 of THE LANCET has the good fortune to be similar to those given by Sir Wm. Jenner and Dr. Murchison in England, and by Griesinger and Hirsch in Germany. "J. F." will not "occupy your space with a description of what is so well known in the profession, so far as experience goes at present." He is quite right in his way; for in doing so he would have shown that in former epidemics many plans of treatment had been tried, but that the course of the disease has not been altered by any of them; and that, "so far as experience goes at present," the relapses in relapsing fever cannot be prevented by medicine; and that, whether medicine be given or not, there are many cases in which relapses occur; while there is a smaller proportion in which there is no relapse at all, or only a very slight one. I did not, and I do not, say that medicine can do no good in relapsing fever, and that there may not be a remedy in store for us by which the disease can be shortened; but as we did not know of such a remedy at the German Hospital, we considered it our duty, first, to make ourselves acquainted with the natural course of the disease, in its present appearance, before we tried any medicine.

With regard to the concluding remarks of "J. F.'s" former note (p. 351), in which he designates the careful treatment of a patient, without unnecessarily giving medicine, the *do-nothing system*, and compares it with homœopathy, I believe it to be equally in the interest of the patient and the profession that we avoid even the appearance of giving medicine when we have reason to think that the patient will do as well without it. There still remain many conditions in which the use of medicine can be shown to be truly curative, or at all events most beneficial. By confining the administration of medicine to these cases, our own position will become more assured, the public will gradually become enlightened, and the soil on which quackery grows will be deprived of an element of its fertility.

Trusting that I may not again be obliged to trespass on your space in this matter, I remain, Sir, your obedient servant,

HERMANN WEBER.

Grosvenor-street, Grosvenor-square, March 22nd, 1869.

B. B. Z.—Yes, to both questions. Let our correspondent consult a standard work like Pereira's on the subject, or turn to Johnson's Chemistry of Common Life.

WE are requested to state that there will be no meeting of the Medical Society of London on Monday next.

Box.—Consult some registered medical practitioner.

PROFESSIONAL PHRENOLOGY.

THERE is a good deal of nonsense and a certain amount of truth underlying the statements of phrenologists; but we are not going to discuss its claims as a science. Our readers have probably perused some smart correspondence which has ensued on this subject in the columns of the *Daily News*; if not, we advise them to do so. It opens with a humorous description of the visit of a certain "P." to the rooms of a Professor. The letter is evidently written by a man accustomed to literary composition. Among other things minutely and skilfully detailed as taking place, the Professor makes some rather unhappy shots at "P.'s" qualities of character, and alludes to literary composition as *not* being among his accomplishments. We are bound to say, however, that the phrenologist does not shirk the matter, but makes some very effective sparring at "P." in his reply, who probably did not imagine that he was paying his guinea to be spoken of and identified after this fashion:—

> "I perceived in 'P.'s' head indications of an evident lack of constitutional vigour, which defect necessitates more than an ordinary amount of sustenance. 'P.' is a fine-looking man, an inch or two over six feet in height; but, like many men of his showy type, very deficient in constitutional stamina. This is evinced in his premature baldness, and in his great want of muscular power, which want I made apparent to him in a way that I fear rather 'riled' him."

The Professor is evidently a shrewd man, and we can quite believe "P.'s" statement as to his having, like Lesbia, a beaming eye, and looking as if he would be first-rate company over a bowl of punch. If we had to consult him, we would prefer to do it over the punch. Heaven knows what qualities he might discover beneath our bumps. We require a large one of locality, at any rate, to find a place this week for all the contributions we have on our editorial table.

T.—Our correspondent shall receive an answer in our next number.

CASE OF FOREIGN BODY IN THE RECTUM.

To the Editor of THE LANCET.

SIR,—While acting as Dr. Wyman's assistant, an interesting case of foreign body in the rectum has come under my notice and treatment, of which the following is a report:—

On Friday, the 12th instant, I was summoned in great haste to R. S——, a labourer, aged sixty-nine years, who was suffering from very active hæmorrhage from the rectum. On arriving at his bedside, I found him in a state of extreme exhaustion, almost pulseless, lips blanched, and extremities cold and livid. He was moving restlessly in bed, and, although he expressed himself free from pain, he gave me the impression of a man in great agony. I was shown his breeches, which were completely saturated with blood, and was informed that he had passed as much blood as a chamber utensil would hold while straining on the seat of the water-closet, which place he had visited three times a few hours previous to my arrival. Being in doubt as to the actual cause of this profuse hæmorrhage, I passed the index-finger of my left hand into the man's rectum in a direction upwards and backwards, and it came in contact with something which I was certain could not be fæces. I may state that the body with which my finger was in contact was high up in the rectum, and its base only could be felt. By drawing back the perineum, and using some amount of force, I was able to move the base of this body about pretty freely; but its upper part appeared to be firmly fixed. I immediately questioned the patient about the matter, and he at first flatly denied putting anything into his rectum; but, finding I was not to be diverted from the truth, confessed that he had placed it there on the Monday previous, March 8th, in order to induce his bowels to act.

The Rev. C. D. Nix, clergyman of the district in which this happened, very kindly volunteered his services; and as I had a case of labour to attend to (to which I was called while on my road to the man's house), and hæmorrhage from the man's rectum had subsided, I dispatched Mr. Nix to Dr. Wyman's surgery for instruments, and proceeded to my female patient. Brandy had been freely administered before I left the man, and reaction pretty well established. (I may state here that Dr. Wyman was himself engaged with a lady in her confinement, and was unable to render me any assistance.) I was fortunate in not being detained by the labour, and in the course of an hour returned to the man. I at once proceeded to his room, accompanied by Mr. Nix, who had also just returned from Dr. Wyman's surgery. The only instrument that I had available for the purpose of extracting this body, whatever it might be, was a pair of long forceps, commonly used for uterine polypi, made by Messrs. Weiss. After several ineffectual attempts, I was successful in seizing and removing the foreign body. The operation might not inaptly be compared to the delivery of a child by midwifery forceps, although, of course, the application of the instrument used in my case would not bear out the simile. I was perfectly astounded at the size of the object which I had just extracted. It is one of the ordinary, old-fashioned, cylindrical-shaped lucifer-match boxes. It measures six inches in circumference, two and a quarter inches in length, and one inch and three-quarters in diameter. It is minus its lid, and filled with fæces, which circumstance accounts for its upper portion being nearly immovable, whereas its base was freely movable within the rectum. No doubt that portion of the box on which the lid should fit was held firmly in its position, partly, by hard fæcal matter, while there was nothing immediately surrounding the base, which was the part I managed to seize with the forceps.

Immediately after the operation some stimulant was given, an opium suppository placed in the rectum, and a draught containing thirty minims of tincture of opium ordered at bed-time.

The man has made a good recovery, without a bad symptom; the bowels acting now regularly every day without any pain.

The principal value of this case appears to me to consist in the lesson it gives of the very great importance that ought to be attached to the formation of correct diagnoses in cases of hæmorrhage as with every other lesion.

I am, Sir, yours obediently,

Hatfield Broadoak, March 19th, 1869. J. TOMPSETT, M.R.C.S.

Iatros.—A member of the Society is a man who has been an "apprentice," pays certain fees, and participates in the profits of the Company.

WE are obliged to postpone the insertion of the letters of *Mr. Meale* and *Dr. Carteright Reed* on the "Dry-earth System."

REGISTRATION OF DEATHS.

OUR attention has been called to a matter of grave importance as affecting the credibility of the death registers, and as indicating the need for an amendment of the provisions of the Registration Act, which, we trust, will not long be delayed. A case has lately come before the Salford stipendiary magistrate, in which a woman had been making use of the certificate of a fictitious death to obtain money from charitable people avowedly for defraying the expenses of burial. It transpired that she was an old hand at this game, the strangest part of the business being the apparent ease with which she bamboozled the registrar, who stated in Court that "the prisoner came to his office, and represented herself to be a sick nurse. She came to register the death of a person whom she represented as having died. Knowing that the prisoner had been in the habit of registering deaths, and that his predecessor in office had given her certificates, witness made no inquiry regarding the prisoner, but simply granted her the certificate." The magistrate committed the woman to prison for three months, observing that registrars ought to be very careful in registering deaths. We understand that the Registrar-General has been informed of this matter, and we trust that the registrar will be admonished to use all possible precaution against the recurrence of similar cases. It would be a most regrettable circumstance if the public faith in the authenticity of the death registers were to be shaken by well-established cases of falsification passing undetected.

Dr. Alex. Ogston's paper "On the Comparative Strength of Arteries secured by the Methods of Ligature, Acupressure, and Torsion," shall be published in our next impression.

Messrs. Calvert and Co. write to say that the proper antidote for carbolic-acid poisoning is "sweet oil and castor oil in large doses."

ACCIDENTAL POISONING BY CARBOLIC ACID IN WORCESTER INFIRMARY.

To the Editor of THE LANCET.

SIR,—Allow me a space in your journal in respect of the above case of poisoning by carbolic acid. Do not imagine that I desire to exonerate John Harding, the dispenser, from all blame; far from it. But from your severe castigation of him, combined with the account you give of the case in THE LANCET of last week, the censure ought (and I doubt not many of your readers will agree with me) to fall upon the surgeon who wrote the prescription in a loose and imperfect manner. You allow that in the institution there exists a system of writing prescriptions inaccurately; also the discipline is bad. How the Governors or Committee could, in the face of all this, entertain for a moment the idea of prosecuting the dispenser, I am unable to understand. I doubt not, had such a course been taken, the surgeon would have had to bear the chief part of the blame.

I do not know Mr. Harding. I only take up this matter on public grounds, having been engaged with the medical profession as dispenser upwards of thirty years. I claim a right to speak in defence of our body. I am at this time dispenser to an institute, and can point out continual errors committed by medical men—viz., ordering poisonous liniments to be taken internally, also tablespoonful doses of medicines containing a large percentage of deadly poisons, which should, no doubt, have been teaspoonfuls; and when I have called the attention of medical men to the fact, they seldom or ever thank me for it.

Again, I think some allowance might be made in respect of hospital and dispensary dispensers. The amount of work put upon them generally is too great, they being obliged to do the work in a very limited time. I do not, however, intend to imply that it is not our bounden duty to use all precautionary measures to avoid such melancholy accidents.

Your obedient servant,

March, 1869. CHEMICUS.

P.S.—I enclose my card.

Mr. Sneade Brown is thanked for his communication. We shall be glad to receive early information of the result of the application to the Home Secretary.

THE MEDICAL EXAMINATION OF RECRUITS.

IF our correspondent who wrote last week to say that he obtained only 2*s.* 6*d.* for examination of a recruit, whether the recruit were finally approved or not, will address himself to the proper authorities (the Director-General of the Army Medical Department, for example), he will discover that he is entitled to 4*s.* for every recruit that is approved.

Student.—In the latter month.

M.D.—It is necessary to possess, in addition to the diploma named, an English *medical* qualification.

X. Y. Z.—We simply do not believe it. Subjective sensations go for very little. The account of the symptoms reads to us quite as much like a description of the effects of exaltation by alcohol in a man in "low spirits" as of those of hydrophobia.

Mr. Robert Oke Clarke.—The case is a hard one; but no extras are allowed by the Poor-law Board under the circumstances.

FISH OILS.

To the Editor of THE LANCET.

SIR,—Could any of the numerous readers of THE LANCET kindly inform me what are the distinctive properties of ol. morrh., ol. raiæ batis, ol. squali acanth.? M. Delattre states that iodine in skate oil is one-half the quantity of that in the cod oil, while sulphur is one-fourth less, but phosphorus one-third more. Again, the oil of the shark, when compared with cod oil, is richer in iodine and phosphorus, but it contains less bromine and sulphur. The increase of iodine is double what is lost in the bromine.

I have tried the three varieties, and find the result about the same in each case; the assimilation into the system being equal, but a preference by patients being given to skate oil. I am, Sir, yours, &c.,

March, 1869. BETA.

"BABY FARMING UNDER A WET BLANKET."

Mr. J. Brendon Curgenven, in a letter complaining of our last week's reference to the reading of his paper on "Baby Farming" at the Social Science Association, is good enough to say that he does not believe we were at the meeting, because we said there were only a dozen persons present; whereas, according to his account, there were actually seventeen. Now, as we recognise no right on the part of Mr. Curgenven to be informed under what outward and visible form THE LANCET is represented at meetings where he reads papers, we need say no more than that whether there were seventeen or seven hundred names entered in the attendance book on the evening in question, the greatest number of persons present at any one time never exceeded a dozen, excluding, of course, the *three* reporters—an exactitude of description which will probably satisfy Mr. Curgenven that *we were there*. If he would like us to name another incident or two in illustration of the "depression" which seemed to hang over the proceedings, we may possibly be able to gratify him by compliance. But we recommend him not to be so thin-skinned, as his somewhat unguarded epistle evidently shows him to be. We have not the least doubt that he means well. He certainly merits praise for the labour it must have cost him to prepare the several papers of which he sends us a list, while we should want words to express our sense of his moral courage if he has *read* many of them under circumstances similar to those which attended his last appearance at the Social Science Association.

Mr. Bankart writes to say that he is not a candidate for the vacant assistant-surgeoncy at the Orthopædic Hospital.

THE papers of *Dr. Eustace Smith* and *Dr. Thorowgood* shall appear in an early number.

J. C.—The qualifications do not serve for a Poor-law appointment.

PROFESSIONAL SERVICES TO MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—That students are often maligned, and have many grievances to contend with, is pretty generally acknowledged, and they owe you a debt of gratitude in allowing your columns to be the medium of offering advice and redress, which is, indeed, a great boon. If it is not trespassing too far on good nature, might I request the insertion of the following, and your opinion of the transaction?

I had occasion to pass through ——— in September last, and was taken ill there with what proved to be gastric fever. Dr. ———, of that city, being the nearest medical gentleman, I had him called in, and he attended me for some days. I told him I was a medical student, and, when I was convalescent, thanked him for his attendance, never for a moment supposing that he intended to solicit any fee. About a fortnight since, however, I had a bill forwarded to me from my friend for £1 1*s.* On receipt of this, I immediately wrote to Dr. ———, reminding him that I was a medical student, and that I always understood such were exempt from paying for medical attendance through courtesy.

I am not yet qualified, but hope to be so in a few months; and during the seven years I have been studying the profession (three of which I was an apprentice), I have been several times ill—once with typhus, when I had three medical attendants,—yet no fee was either solicited or expected. This morning I was rather surprised to receive another bill from Dr. ———, and the enclosed, threatening proceedings. In my former letter to this gentleman, I told him that if he insisted on payment I should settle with him at once, but certainly not without drawing attention to the matter in THE LANCET, which I now do. Is it not a principle of professional etiquette that students when ill should be exempt from fees for medical attendance? If there is not already an understanding on this point, I think it is fully time that there should be, and I am sure your opinion on the matter would be hailed with great satisfaction, and be considered final.

I am, Sir, your obedient servant,

March 16th, 1869. ALEXIS.

*** Our correspondent is correct in supposing that medical students should, as a matter of courtesy, receive without pecuniary return any professional attention they may require.

THE KILRUSH UNION.

WE have received two very lengthy communications from *Mr. P. Hogan*, late medical officer of the Carrigaholt Dispensary district, Ireland, with reference to the mode in which the guardians administer relief to the poor, containing also an invitation to our Commissioners to visit the Kilrush Union, and report thereon. Mr. Hogan has communicated with the Poor-law Commissioners, who seem to have taken no notice of "very grave charges" made by Mr. Hogan, and we think an inquiry is needed.

Mr. Chas. Mott shall receive a reply next week.

THE LATE SIR JOSEPH OLLIFFE.

To the Editor of THE LANCET.

SIR,—Allow me to correct a few inaccuracies in your kind notice of my father's life. He was never a professor of languages at Paris, but went there with the express object of pursuing his medical studies. The romantic story of his marriage is without foundation.

I am, Sir, your obedient servant,

Brighton, March 20th, 1869. J. F. OLLIFFE.

MR. GEORGE BIGDEN, M.R.C.S., reporting upon the public health in the city of Canterbury, shows that in the last three years there has been a considerable diminution of mortality, which may justly be regarded as the beneficial result of increased attention to sanitary arrangements.

A. H. R.—1. The two qualifications are of nearly equal value.—2. The prefix "Dr." cannot be used as a right.—3. Both qualifications are recognised by the Poor-law Board.

THE VACCINATION ACT.

Dr. Matthews, (Yealand, Lancaster.)—The 31st section of the Vaccination Act provides that "If any registrar, or any officer appointed by the guardians to enforce the provisions of this Act, shall give information in writing to a justice of the peace that he has reason to believe that any child under the age of fourteen years, being within the union or parish for which the informant acts, has not been successfully vaccinated, and that he has given notice to the parent or person having the custody of such child to procure its being vaccinated, and that this notice has been disregarded, the justice may summon such parent or person to appear with the child before him at a certain time and place, and upon the appearance, if the justice shall find, after such examination as he shall deem necessary, that the child has not been vaccinated, nor has already had the small-pox, he may, if he see fit, make an order under his hand and seal, directing such child to be vaccinated within a certain time; and if at the expiration of such time the child shall not have been so vaccinated, or shall not be shown to be then unfit to be vaccinated, or to be insusceptible of vaccination, the person upon whom such order shall have been made shall be proceeded against summarily, and, unless he can show some reasonable ground for his omission to carry the order into effect, shall be liable to a penalty not exceeding twenty shillings." There seems to be no limit to the number of times that this process may be repeated.

L.R.C.P. is at liberty to dispense his own medicines.

TREATMENT OF ITCH BY SULPHUR.

To the Editor of THE LANCET.

SIR,—May I be allowed to make one remark on Dr. Tilbury Fox's "Note on the Use of Sulphur in Itch," and that simply a practical one. I agree in nearly all the remarks he makes; and had he not told us the contrary, I should have fancied that now, thanks to his own and other works on Skin Diseases, they were "among the things generally known." In the ointment he recommends are creasote and ammonio-chloride of mercury. It is in the use of these that I cannot agree with him, especially in those very cases of inflamed skin in which, as he mentions, sulphur will cause irritation. I have frequently seen more or less salivation produced in young children from the three days' inunction of sulphur ointment containing the mercury, even in the small proportion he mentions; and some few times I have seen creasote produce troublesome irritation.

I think if Dr. Fox would try simply the sulphur and lard, with the addition of carbonate of potass, five to ten grains to the ounce, he would be equally satisfied with the result, and avoid the risks I have mentioned. I have seen and treated a large number of cases of itch, or I should not have presumed to make even these few remarks.

I am, Sir, your obedient servant,

Weyhill, March 9th, 1869. T. PIKE, M.D.

NEWCASTLE CHEMISTS AND DRUGGISTS.

THE Newcastle College of Medicine and the chemists and druggists of that town have been conferring together on the subject of pharmaceutical lectures. The College Committee recommends that "the education now required for the assistants and apprentices of chemists and druggists be carried on rather in the College of Medicine than in any separate and independent institution; that the College add a course of lectures on pharmacy, for the instruction of the above persons, to its present curriculum, such course to comprise the description and illustration of pharmaceutical operations and processes within the range, say, of Prof. Redwood's books; and that a lecturer on pharmacy be added to the staff of lecturers in the College." These propositions have been so favourably entertained by the pharmaceutists that they will probably be carried into effect.

Two Brighton Practitioners.—Next week.

THE TREATMENT OF PSORIASIS.

To the Editor of THE LANCET.

SIR,—A patient of mine, a young girl, otherwise healthy, has been suffering for nearly three years from psoriasis. She has been under my care three months without improvement. I have tried various means, including arsenic, &c., and would be greatly obliged if any of your numerous readers could suggest something to,

Yours obediently,

March, 1869. M.R.C.S.E.

J. D. D. writes to say that the gold or silver tubes used by Mr. Charles Hunter are in no degree open to the objections offered by Dr. Buzzard in his "Description of an Improved Syringe-pipe for Hypodermic Injection," published in our last number.

Mr. Myers' letter, in reply to Dr. Fred. Robinson, is unavoidably postponed until our next number.

LIBERAL WAGES.

THE *Pall Mall Gazette* says:—"The Berwick guardians have just put forth a characteristic advertisement. They happen to be in want of a medical officer and a workhouse porter. To the former they offer £25 a year, out of which he will be required to pay for all the medicines, except cod-liver oil. Candidates are expected to attend before the guardians on the day of election at their own cost. The porter is to have £20 a year, with board and lodging."

ERRATUM.—In Professor Rolleston's letter of last week on the "Dry-earth System," the sentence "It may be, however, that Indian physicians." &c. (18 lines from bottom of col. 1, p. 412) should have been deleted, as it was part of a paragraph, the rest of which was purposely expunged, and has no relation to the context in which it now stands.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Gamgee, Birmingham; Prof. Rolleston, Oxford; Dr. Weber; Prof. Maclean, Netley; Mr. Olliffe, Brighton; Mr. Terry; Dr. Johnson, Liverpool; Mr. Walpole; Dr. Clark; Dr. Ogston, Aberdeen; Dr. Rumsey; Mr. Mitchell, Southernhay; Dr. Mackaye; Mr. Robertson, Rochester; Dr. Markby, Martley; Dr. Willis; Mr. Phillips; Mr. Gell, Southam; Rev. G. W. Winter, Litcham Rectory; Dr. Drury, Odiham; Mr. Samuels; Mr. Pratt, Poole; Mr. J. Miller, Liverpool; Mr. Grayston; Dr. Gornall, Preston; Mr. Curgenven; Mr. Rayner; Rev. H. Moule, Fordingham Vicarage; Mr. Gibbs; Mr. R. Eames, Marlborough; Mr. Carter; Mr. White; Mr. Whalley, Bradford; Mr. Pearce; Mr. Thomas; Mr. Armstrong, Ripon; Mr. Remy; Mr. Brooke; Dr. Evans, Narberth; Dr. L. Cartwright Reed; Messrs. Calvert and Co., Manchester; Mr. Cann, Newhaven; Dr. Pickstock; Mr. Dalley; Mr. Pogson, Seacroft; Dr. Macdonald, Dumfries; Mr. Spooner; Dr. Matthews, Yealand Conyers; Mr. Wilson, Wendover; Dr. De Ville; Mr. Ryder; Dr. Keman; Mr. Weale; Dr. Miller, Sidmouth; Mr. Brown; Mr. W. Holt; Mr. Lister, Glasgow; Mr. Mitton, Newport; Dr. Bozeman, New York; Dr. Bayes; Mr. Parson; Dr. Taylor, Cork; Mr. J. Tompsett, Hatfield Broadoak; Mr. Milligan; Mr. England; Messrs. De la Rue and Co.; Mr. Foster; Mr. Churchill; Dr. Mullany, Kingsleaton; Mr. Smedley; Mr. Stiff; Dr. Wallace, Cardiff; Messrs. Browne and Nolan; Mr. Marshall; Mr. Read; Mr. Fraser, Blackburn; Mr. Sewell; Mr. Jones; Dr. Taaffe, Brighton; Mr. Humphreys; Mr. Freeman, Uttoxeter; Mr. Morrison, Rochford; Dr. Wadd, Beaconsfield; Mr. Barnes; Mr. Bankart; Mr. Hendrie, Olney; Mr. James, Exeter; Mr. Livingstone; Mr. Kearney, Darlington; Dr. Pritchett; Mr. Lucas, Liverpool; Dr. Bean, Mossley; Dr. Thomson; Dr. Mott; Mr. Garman; M.D.; Practitioner; Delta; T.; M. R. P.; Two Brighton Practitioners; Student, Holyhead; Western Medical and Surgical Society of London; M.R.C.S.E.; Chemicus; Iatros, Liverpool; A Physician; A. H. B.; B. H.; B. B. Z.; J. C. E.; X. Y. Z.; J. D. D.; Staff Surgeon R.N.; L.R.C.P.; J. C.; Chirurgus; Medicus; Box; &c. &c.

Surrey Advertiser, Northern Evening Express, New York Medical Journal, Annales de Dermatologie, Revue des Cours Scientifiques, Harrow Gazette, Brighton Observer, Durham Chronicle, Beverley Guardian, Scotsman, Victoria Medical Gazette, Cheltenham Times, Newcastle Daily Journal, Chemists and Druggists' Advocate, Gateshead Observer, Parochial Critic, New York Medical Gazette, Brighton Times, California Medical Gazette, Richmond and Louisville Medical Journal, Albion, Lincolnshire Chronicle, Torbay Directory, Scarborough Gazette, Journal de Médecine Mentale, and *Yorkshire Post* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£3	12	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

TERMS OF SUBSCRIPTION TO THE LANCET.

UNSTAMPED.				STAMPED. (*Free by post.*)			
One Year	£1	10	4	One Year	£1	14	6
Six Months	0	15	2	Six Months	0	17	4
Three Months	0	7	7	Three Months	0	8	8

Post-office Orders in payment should be addressed to JOHN CROFT, THE LANCET Office, 423, Strand, London, and made payable to him at the Post-office, Charing-cross.

***** An Edition of "THE LANCET," printed on thin paper, for Foreign and Colonial circulation, is now published weekly.**

THE LANCET can be obtained from all the principal Booksellers and Newsmen throughout the world, or from the following special agents:—

EDINBURGH: MACLACHLAN & CO.

DUBLIN: FANNIN & CO.

PARIS: G. GERMER BAILLIERE, Rue de l'Ecole de Médecine, 17.

UNITED STATES OF AMERICA: KELLY, PIET, & Co., Baltimore.

Terms of Subscription by mail to any part of the United States (Territories excepted), 12 dollars currency per annum, per Messrs. KELLY, PIET, and Co., Baltimore.

CANADA: DAWSON BROTHERS, Montreal.

INDIA: BARHAM, HILL, & CO., Dalhousie-square, Calcutta.
THACKER, SPINK, & CO., Calcutta.
THACKER, VINING, & CO., Bombay.

AUSTRALIA: GEORGE ROBERTSON, Melbourne.
WILLIAM MADDOCK, Sydney.
W. C. RIGBY, Adelaide.

NEW ZEALAND: J. T. HUGHES, Christchurch.